



**Zambia HIV/AIDS Prevention, Care and Treatment (ZPCT) Partnership**  
**Cooperative Agreement No. 690-A-00-04-00319-00**  
**Quarterly Report for April 1 – June 30, 2006**  
**Submitted by Family Health International (FHI)**  
**July 31, 2006**

## **1. EXECUTIVE SUMMARY**

The Zambian HIV/AIDS Prevention, Care and Treatment (ZPCT) Partnership works with the Ministry of Health (MOH), the Provincial Health Offices (PHOs), and District Health Management Teams (DHMTs) to strengthen and expand HIV/AIDS related services in five provinces: Central, Copperbelt, Luapula, Northern and North Western. The Partnership supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral therapy (ART) by implementing technical, program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT), counseling and testing (CT) and clinical care services for people living with HIV/AIDS (PLHA), including ART.

The ZPCT Partnership has been implemented in phases. The Phase 1 activities, initiated in April 2005, were focused on initiation and strengthening of services in 43 facilities in nine districts in the five project provinces. In Phase 2, initiated in October 2005, the Partnership continued support to the facilities supported during Phase 1, while expanding project activities to an additional 15 districts and 39 facilities. During this reporting period, ZPCT continued supporting all 82 facilities in 24 districts.

Key activities and achievements for this reporting period include:

- CT services are ongoing in 81 Phase 1 and 2 facilities. 13,612 individuals received CT services in ZPCT-supported facilities this quarter.
- ZPCT collaborated with provincial and district partners to support National VCT Day on June 30, 2006 in four of the five target provinces. ZPCT provincial offices provided logistical support to counselors to provide CT services in support of National VCT Day. The numbers of people reached with CT services were not as high as planned due limited time for organization of required logistics.
- PMTCT services were provided in 79 ZPCT-supported facilities. 12,796 women were provided with PMTCT services (including CT), and 1,061 were provided with a complete course of prophylaxis ARVs during this quarter.
- Ongoing assistance (training, technical assistance visits, and/or renovation) was provided to strengthen clinical palliative care services in the 82 health facilities. 26,515 individuals received palliative care in ZPCT-supported health facilities during this quarter.
- A total of 4,718 new clients (including 294 children) were initiated on antiretroviral therapy through 36 ART centers (including 11 outreach sites) this quarter. ART services were available in all of the 24 districts supported by ZPCT. By the end of this reporting period, 21,082 individuals were receiving antiretroviral therapy at ZPCT supported sites; of these, 1,344 were children.
- Sixteen technical training courses were conducted:
  - 20 HCWs were trained in basic CT during one, two-week workshop. In addition, 23 HCWs were trained as counselor supervisors in two, two-week workshops and 12 HCWs were trained in couple counseling. Two lay counselor trainings were conducted reaching 47 volunteers.

- 25 HCWs were trained in ART and Management of Opportunistic Infections (OI) in a two-week training in Chingola. 59 HCWs were trained in Pediatric Management of OIs/ART in a series of two-day on-site trainings at 11 health facilities.
- 15 HCWs participated in a two-day adherence counseling training workshop in Chingola.
- 102 ART adherence support workers (ASWs) from 39 health facilities in Copperbelt, North Western, Luapula and Northern provinces were trained in five ten-day workshops.
- 20 health care workers from eight ZPCT-supported facilities in Copperbelt province were trained in data collection and reporting as part of the CT course.
- Quality assurance and quality improvement (QA/QI) tools in CT, PMTCT, ART, and clinical palliative care (developed by ZPCT) were piloted; based on pilot results, a final QA/QI system has now been developed and will be implemented in each technical area.
- ZPCT procured eight Humalyzer 2000 machines for chemistry analysis. Reagents for the Sysmex pocHi-100 (controls), Humalyzer 2000, Nova Biomedical Phox plus were received, stored at Medical Stores Limited (MSL) and/or distributed this quarter. In addition, ZPCT procured 25,000 EDTA vacutainers to be used for CD4 counts.
- Facility-level plans to support transport costs for HCWs working overtime in ZPCT-supported facilities to supplement staffing for HIV/AIDS services were implemented this quarter.
- Provincial Referral Officers are making progress in establishing district-wide referral networks in nine Phase 1 districts, including identification of a referral coordinating unit, development of tools and conducting quarterly referral meetings.
- Amendments were finalized for the sixteen Phase 1 recipient agreements as well as the partner agreement with MSH. A no-cost extension amendment was granted to Expanded Church Response (ECR) to allow time to finalize the workplan and budget for the following year.
- Implementation plans have been developed to expand ART services to three additional static sites and nine ART outreach sites. An assessment was conducted to establish a PCR laboratory at Arthur Davison Children's Hospital. These recommendations and implementation plans will be integrated into recipient agreements in the next quarter.
- ZPCT staff prepared and submitted the following three abstracts for the President's Emergency Plan for AIDS Relief 2006 HIV/AIDS Implementers' Meeting, held in Durban, South Africa in June 2006. Two were presented at the meeting, one as an oral presentation and the second as a poster:
  - *The Outreach Model: Increasing Access to Quality ART Services at the Primary Health Level (Oral)*
  - *Ensuring HIV/AIDS Data Reliability in a Public Health Setting (Poster)*
- ZPCT staff members continue to provide assistance and leadership on technical and programmatic issues in all key areas at the central level. ZPCT actively participates on seven national technical working groups, as well as several ad-hoc implementation groups, as well as participation in meetings to develop the proposal to the Global Fund.
- ZPCT developed a strategy to sustain activities at the end of the agreement. The management and technical teams have developed a Facility Graduation Sustainability plan to use QA/AI tools to determine when a facility has achieved and sustained a high level of technical quality in implementation of HIV/AIDS services and requires minimal support from ZPCT. On-going monitoring and supervision will continue to be provided by the PHO or DHMT.

Results for the quarter are summarized in the following table:

**Services in 82 Facilities Receiving ZPCT Support**  
**April – June 2006**

Indicator	Achievements May 1 2005 to June 30 2006				
	Workplan (Apr 06 to Mar 07)	Achievements (Apr 06 to Jun 06)			Achievements (May 05 to Jun 06)
CT					
		FEMALE	MALE	TOTAL	
Service Outlets					81
Persons Trained in CT	290*			55	340
Persons receive CT services	43,990	7,264	6,348	13,612	46,899
PMTCT					
Service Outlets					79
Providers trained in PMTCT	200			0	248
Pregnant women provided with PMTCT service, including CT	30,033	12,796		12,796	39,585
Pregnant women provided with a complete course of ART prophylaxis	6,757	1,061		1,061	2,924
Basic Health Care and Support					
Strengthen Facilities to provide clinical palliative care services					82
Service Outlets/programs providing general HIV-related palliative care					82
Persons provided OI management and/or prophylaxis		15,600	10,915	26,515	26,515
Persons provided with general HIV-related palliative care		15,600	10,915	26,515	26,515
Persons trained to provide general HIV-related care	100			25	408
ART Services					
ART service outlets providing treatment					36
Health workers trained	100			25	408
New clients for ART	13,686	2,712	2,006	4,718	15,534
Persons receiving treatment	25,152	12,425	8,657	21,082	21,082
Pediatric ART Services					
Health workers trained in pediatric care	150			59	59
New pediatric clients for ART	395	139	155	294	1,019
Pediatric patients receiving treatment	1,019	689	655	1,344	1,344
TB/HIV Care					
TB infected clients receiving CT services	3,333	413	378	791	791
HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (new cases)	1,641	172	112	284	284

## 2. INTRODUCTION

The Zambian HIV/AIDS Prevention, Care and Treatment (ZPCT) Partnership works with the Ministry of Health (MOH), the Provincial Health Offices (PHOs), and District Health Management Teams (DHMTs) to strengthen and expand HIV/AIDS related services in five provinces: Central, Copperbelt, Luapula, Northern and North Western. The Partnership supports the Government of the Republic of Zambia (GRZ) goals of reducing prevalence rates and providing antiretroviral treatment (ART), by implementing program and management strategies to initiate, improve and scale-up prevention of mother-to-child transmission (PMTCT), counseling and testing (C&T) and clinical care services for people living with HIV/AIDS (PLHA), including ART programs in all ZPCT-supported districts in these five provinces. ZPCT collaborates with the PHOs and DHMTs to strengthen service delivery at public sector facilities and to strengthen networks for referral between these and other public sector health services and communities. The Partnership also collaborates actively with other donor agencies and partner organizations to build on, rather than duplicate, ongoing HIV/AIDS projects.

ZPCT has a national policy focus with interventions at national, provincial, district and community levels utilizing health clinics, hospitals and community service delivery programs. At the national level, the program offers technical assistance and coordination to the MOH and the National AIDS Council (NAC), as requested. At the provincial level, the program supports the GRZ through technical assistance and coordination in five provinces, and at the district level ZPCT assists the DHMTs and selected health facilities to provide, improve, and expand HIV/AIDS services. The Partnership also works with and in communities to create demand for services and strengthen linkages between facilities and communities.

ZPCT activities have been created in a flexible manner so that GRZ requests can be accommodated as needs arise. Furthermore, all activities and related monitoring and evaluation processes and indicators are designed to meet USAID and the President's Emergency Plan for AIDS Relief requirements, and to be compatible with established government health management information systems (HMIS).

## 3. OBJECTIVES

The specific objectives of the ZPCT Partnership are to:

- Increase access to and use of HIV counseling and testing (CT)
- Increase access to and use of interventions for preventing mother-to-child transmission (PMTCT)
- Increase access to and strengthen delivery of clinical care for HIV/AIDS, including diagnosis, prevention and management of opportunistic infections (OIs), and other HIV related conditions and symptoms
- Increase access to and strengthen delivery of ART services at the provincial and district levels

These objectives will be met within the framework of the GRZ plan for scale up of ART programs and in full partnership with the MOH at all levels.

## 4. ACTIVITIES AND ACCOMPLISHMENTS FOR THE QUARTER

### 4.1. Program Management

#### 4.1.1. ZPCT Partners

Management Sciences for Health (MSH) continues, as the partner responsible for laboratory and pharmaceutical assistance, to provide technical leadership within ZPCT and nationally in these areas. The partner agreement with MSH was amended through March 31, 2007 within the same scope of work.

#### Associate Partners

Churches Health Association of Zambia (CHAZ) is continuing to support four (4) mission health facilities, two identified during Phase 1 (St. Kalembe Health Center in Kabompo District, North Western Province and Chilubula Mission Health Center in Kasama, Northern) as well as two facilities that were added last quarter (Mambilima Mission Health Center in Mwense District and

Lubwe Mission Health Center in Samfya District, both in Luapula Province). The renovation works at St. Kalembe for the laboratory and CT/PMTCT rooms are almost complete.

The scope of work for Chilubula Health Center has been changed due to the construction of a new laboratory by Becton Dickinson and the Catholic Medical Mission Board. In the next quarter, the recipient agreement will be amended to remove the planned renovations in the laboratory, and the money will be reallocated to renovate the CT rooms, HIV clinical care room and the pharmacy.

CHAZ has provided funds to Mambilima and Lubwe Mission Health Centers and renovation works are scheduled to begin in the next quarter. Procurement of equipment is progressing for these facilities, with ZPCT taking the lead. Major equipment procured thus far for the CHAZ facilities includes two hematology analyzers and five computers.

Kara Counseling and Training Trust (KCTT) is responsible for training of counselor supervisors at ZPCT-supported health facilities and at the district level. This quarter, KCTT conducted trainings in counseling supervision, one each in North Western and Central province, reaching a total of 23 experienced counselors from 17 health facilities. In addition, KCTT conducted follow-on supervision visits in both these provinces, as well as in Luapula and Northern Provinces (the counselor supervision trainings for these provinces were conducted in the last quarter).

ZPCT is developing a firm fixed-price contract, rather than a subagreement, with KCTT for the next funding year. The contract mechanism has been chosen because the deliverables are clearly defined and technical support from ZPCT is not required to implement the scope of work. The contract will include five counselor supervision training courses covering all provinces, as well as a basic CT training courses in Central Province. The contract will be finalized in the next quarter.

Expanded Church Response (ECR) is working through church communities to increase knowledge and demand for HIV/AIDS services. ECR has continued to provide technical support to the church coordinating committees around Makululu and Mahatma Gandhi Health Centers in Kabwe, and around Chibefwe and Chalata in Mkushi (Central Province). The ECR Program Officer and ZPCT program staff conducted a joint visit to Kabwe, Mkushi and Chingola to review activities implemented to date in Kabwe and Mkushi and to identify possible areas for expansion in Chingola (Copperbelt Province). The team met with the ZPCT provincial community and program staff in Ndola and Kabwe to integrate the ECR activities into the provincial community mobilization plan.

Following this visit, the ZPCT program staff and the ECR Program Officer worked together to develop an annual workplan for the period of July 1, 2006 to June 30, 2007. This plan includes revised objectives and scope of work that integrate ECR activities into ZPCT overall community and referral network objectives and plans. The revised workplan and budget will be included in a subagreement amendment extending ECR's project for one year. A second no-cost extension was executed this quarter, extending the subagreement with ECR through June 30, 2006.

ZPCT continues to work with colleagues from associate partner organizations to build capacity to contribute to HIV/AIDS services in Zambia.

#### **4.1.2. Facility Support**

##### Recipient Agreements

At the end of this quarter, ZPCT was strengthening HIV/AIDS services in 82 facilities in 24 districts through 33 recipient agreements. Amendments were executed for 16 Phase 1 recipient agreements which ended on March 31, 2006. In most cases, no-cost extensions were awarded through September 30, 2006, with limited changes to the scope of work within the funded amount.

##### Renovations and Procurement:

Renovations to Phase 1 facilities are complete with the exception of facilities with special construction needs and additional renovations added to amendments executed this quarter. The quality of completed refurbishments has been certified by a ZPCT-hired architect in collaboration with the relevant provincial Public Works and Supply Department.

The majority of renovation contracts for Phase 2 facilities have been signed this quarter. ZPCT provincial office staff worked closely with the DHMTs and facility managements to select vendors for identified work and provided ongoing monitoring. Renovations are in various stages of progress.

Major medical equipment, motorbikes and computers have been purchased for all facilities and distribution has begun. Procurement of smaller equipment and furniture is ongoing and will continue in the next quarter.

Twenty-nine autoclaves and 17 binocular microscopes have been distributed this quarter to the ZPCT provincial offices for distribution and installation at the health facilities.

ZPCT procured eight Humalyzer 2000 for chemistry analysis. Reagents for the Sysmex pocHi-100 (controls), Humalyzer 2000, Nova Biomedical Phox plus were received, stored at Medical Stores Limited and/or distributed this quarter. In addition, ZPCT procured 25,000 EDTA vacutainers to be used for CD4 counts.

Training: As part of the site preparation ZPCT conducted jointly with the PHOs, DHMTs, and facilities for Phase 1 and Phase 2 sites, training needs were determined for each facility. Training for facilities was planned and participants selected with the PHOs and DHMTs, and facility management. During this quarter, staff from ZPCT-supported health facilities attended courses in CT (20 HCWs), ART/OI (25), and ART/OI Pediatric (59). In addition, 23 HCWs were trained in supervision counseling, 12 in couple counseling and 15 in adherence counseling. The CT course contained a module on monitoring and evaluation. ZPCT continues to look for time-efficient and cost-effective ways to provide training. The ART/OI Pediatric trainings were provided as on-site trainings at eleven health facilities in North Western and Central Provinces, with two days of training per facility. Details of training for each program area are provided in Section 4.2 and in Attachment B, *ZPCT Training Courses*.

In addition to technical workshops for health care workers, 47 lay counselors were trained in North Western Province and 102 adherence support workers were trained in Central Province.

#### **4.1.3. Strategies to Supplement Human Resources at ZPCT-supported Facilities**

Original plans to attach staff members to ZPCT-supported facilities have been put on hold due to delays in reaching agreement on terms and conditions with the MOH, and, more recently, budget constraints. ZPCT has developed other approaches to supplementing key human resources. These include:

Health Care Workers in Facilities: A ZPCT policy and procedure to provide limited support for transport costs for extra shifts to improve coverage of key services in ZPCT-supported facilities was approved and facility-level plans and district-level budgets developed in all districts. ZPCT provincial offices have worked with DHMTs and facilities on implementation of these plans. This initiative has been implemented at health facilities and is being monitored closely to determine its effectiveness and feasibility.

Lay Counselors and Adherence Support Workers: ZPCT continues to train and place lay counselors and adherence support workers in facilities to relieve some burden for HCWs in the facilities, and to improve services and well-being of PLHA (in the case of ASWs).

Data Entry Clerks: The work of the 34 data entry clerks trained and placed by ZPCT at ART facilities has already resulted in improved timeliness and quality of all HIV/AIDS data at these sites. To further improve data quality, these data entry clerks will assist in the compilation of ZPCT data from sites in addition to the ART sites where they are assigned. Data entry clerks will work one day a month in selected additional facilities.

Outreach: ART outreach allowances have been included in both Phase 1 and Phase 2 recipient agreements and are also being included in amendments for outreach facilities to be supported by ART Plus-Up funds. This includes support for staff from the DHMT or other facilities to provide services at selected health facilities without a medical doctor, laboratory staff and/or pharmacy staff to initiate and monitor clients on ART.

#### **4.1.4. Other Program Management Activities**

This quarter, two program management meetings and one finance training were held in Lusaka, convening provincial office staff.

- Financial Management Training for Non-Finance Staff (April 24-28, 2006): Provincial Program Officers and Managers, as well as Lusaka Program Unit staff participated in a five-day workshop focused on financial training for managers. Topics included budgeting, reviewing financial reports, solicitation and management of contracts, procurement, compliance with USAID rules and regulations, audits and other related topics.
- Program Managers Meeting (June 21-23, 2006): The five Provincial Managers were convened in Lusaka for a three-day management meeting which included community activities, documentation and success stories, workplans and budgets, decentralization, communication, recipient agreements, and Excel training.
- Finance Officers Training (June 19-23, 2006): A five-day finance training was held for Provincial Finance Officers. Issues covered included financial operations, internal controls at provincial level, and audit issues. Staff from USAID presented on standard provisions included in Office of Management and Budget Circular A122.

ZPCT also finalized its Contracts and Grants Manual, which is designed to be used by program and finance staff responsible for managing contracts and grants administered under the program. The manual is a reference guide for managing the various funding mechanisms that will be used by FHI/ZPCT. It describes internal procedures that ZPCT uses to manage sub-agreements, contracts, task orders, and other funding mechanisms to ensure compliance with donor requirements.

#### **4.1.5. Budget**

The appreciation of the Zambian Kwacha, which led to extensive planning and re-budgeting during the last quarter has eased a bit. The exchange rate has stabilized at between 3200 and 3600.

### **4.2. Technical Program Areas**

The major activities undertaken during this quarter in each of the technical components of the ZPCT Partnership are described below. For more details on the strategies in each area, refer to Attachment C: *ZPCT Technical Strategies*.

#### **4.2.1 Counseling and Testing (CT)**

At the end of this quarter, CT services were being provided in 81 of the 82 ZPCT-supported health facilities in the 24 ZPCT-supported districts.

##### **4.2.1.1 CT Training**

Under the current annual work plan period (April 2006 – March 2007), ZPCT plans to train 100 HCWs in basic counseling skills, 60 HCWs in counseling supervisions skills, and 112 lay counselors to complement those trained during the first eighteen months of implementation. During this quarter, ZPCT supported one training course for 20 HCWs in basic counseling and testing skills in Copperbelt Province. The participants were drawn from eight facilities in 2 districts in the province. Each course included two weeks of theory and six weeks of supervised practicum. Cumulatively, ZPCT has trained 226 HCWs in basic counseling and testing skills.

In addition to the basic course, two courses in counseling supervision for experienced counselors were conducted in North Western and Central Provinces to improve supervision skills and ensure quality of counseling services being provided in the facilities. Twenty-three HCWs were trained; 11 HCWs from ten health facilities in North Western Province, and 12 HCWs from seven health facilities in Central Province. The total number of HCWs trained since October 2004 is now 114.

ZPCT continued training lay counselors during this quarter. Forty-seven community members were trained as CT lay counselors, drawn from nine districts in Northern and Central

Provinces. Following six weeks of practical experience, they will be certified and placed at health facilities to provide HIV counseling services.

ZPCT supported the training of HCWs from four health facilities in Copperbelt Province in couples counseling. The newly trained couple counselors will be able to provide better counseling services to couples and improve male involvement in both CT and PMTCT services in Copperbelt Province.

#### **4.2.1.2 CT Services**

At the end of this quarter, CT services were being provided in 81 of the 82 ZPCT-supported health facilities in 24 districts. One facility, Kanyihampa Health Center in North Western Province, is yet to initiate services due to lack of space for counseling. Delays in completion of refurbishments have contributed to this delay in initiating CT services at this facility. Ongoing technical assistance was provided to strengthen CT services in all 81 facilities providing CT services.

To facilitate HIV testing and provision of same-day results, 66 of the 81 facilities now provide testing within the CT rooms by trained counselors. Four testing points have also been opened at Kabwe General Hospital to expand counseling and testing to more patients within the hospital. ZPCT will continue to upgrade furnishings for efficient testing with establishment of testing corners in all facilities.

Integration of CT services within TB and STI services is on-going, with emphasis to provide counseling and testing within the TB rooms by creating 'testing corners' within these rooms where feasible. ZPCT is mentoring counselors on providing and recording these services. There are efforts also to improve data collection of CT services offered to patients diagnosed with STIs.

With the operationalization of the sample referral systems and on-going mentorship, linkages of all HIV positive clients to ART, family planning and other care/support services have been improved in all 81 ZPCT-supported facilities.

Although counselors' support meetings have been initiated in some of the facilities, there has been a challenge in many facilities to conduct routine counselors' meetings due to staff shortages and lack of commitment. Provincial offices, with technical assistance from the ZPCT Lusaka office, are addressing initiation of these meetings in the remaining facilities.

Revision of the QA tools is now complete and schedules for their use have been agreed on. The tools will now be used regularly to ensure quality of service.

In four of the five target provinces (all except Copperbelt Province), ZPCT collaborated with provincial and district partners to support National VCT Day on June 30, 2006. In two provinces, the launch of VCT day was delayed by several days due to delayed communication with the District AIDS Task Forces (DATFs) and the District Health Offices. ZPCT provincial offices provided logistical support to counselors to provide CT services in support of National VCT Day. The numbers of people reached with CT services were not as high as planned due limited time for organization of required logistics.

ZPCT staff continued to focus on these key CT:

- Working with facilities to integrate CT into TB, sexually transmitted infections (STI), and family planning (FP) services.
- Strengthening procedures and conditions to provide same-day testing and results particularly in Phase 2 sites
- Training and placement of non-health workers (lay counselors) to assist HCWs to provide counseling services. This has helped meeting staff needs to provide HIV counseling services. With the new national HIV CT guidelines, ZPCT is now looking at ways of fully utilizing lay counselors, to include training them to perform HIV testing.
- Assisting facilities with data entry and record keeping using the integrated VCT/PMTCT registers, with an emphasis on the newer Phase 2 facilities.



In the next quarter, ZPCT will address the expansion of entry points to CT through mobile CT in the hard to reach areas. Mobile CT will help more clients' access CT services early, and enable them to seek necessary follow-up care, thus facilitating earlier intervention for those who are HIV positive.

#### **4.2.1.3 National Level Activities in CT**

At the national level this quarter, the ZPCT Senior CT/PMTCT Advisor and the Senior Community Mobilization Advisor have continued to participate on the CT/Community-Home Based Care Technical Working Group (TWG) of the NAC. In addition, ZPCT Lusaka office CT staff continued to collaborate and participate in a variety of partner meetings relating to CT.

ZPCT participated in the development of a VCT tool kit and preparatory meetings towards the National VCT Day (June 30, 2006). ZPCT CT and program staff members represented ZPCT at meetings organized by the MOH/NAC to identify partner support for the launch of countrywide VCT Day in all districts. ZPCT pledged to provide limited logistical support of counselors in five provincial capitals, Mansa, Kabwe, Ndola, Solwezi and Kasama districts.

The PMTCT/CT Senior Advisor and PMTCT/CT Officer from Luapula Province attended a Regional CT/PMTCT Consultative Workshop organized by FHI in Nairobi, Kenya. The purpose was to discuss and review FHI's experiences in the region in implementing CT and PMTCT programs, and share successes and lessons learned. In the area of CT, the focus was on the paradigm 'shift' from VCT to CT, expanding entry points to CT and quality assurance (QA) issues. Based on programs presented, FHI has contributed to scaling up both CT and PMTCT services in the region. Some of the lessons learnt were:

- Expanding entry points and improving access to CT should include mobile CT
- Innovative ways to bridge the human resource gaps are needed in all the countries by including community cadres and PLHAs
- Integrating both CT and PMTCT into regular care provided is important (e.g. in MCH, clinical care)
- To further improve access to care and improve linkages to ART, having a comprehensive care program in one place is critical

#### **4.2.1.4 Key Issues/Constraints in CT Service Provision**

Some of the challenges identified in earlier quarters that continue from the last year have continued to be encountered include:

- Limited human resources: ZPCT is addressing this issue by training additional existing staff in the facilities to provide CT services, as well as training lay counselors to supplement HCWs. ZPCT has now operationalized provision of limited support for transportation to HCWs working extra shifts for CT.
- Inadequate space for CT: This has remained a challenge, particularly in Phase 2 facilities where refurbishments are still in process.
- Inconsistent availability of HIV test kits and supplies: Though this has improved in some of the districts, it is still a common cause of interruption in CT service provision in others.

### **4.2.2 Prevention of Mother-to-Child Transmission (PMTCT) of HIV**

Seventy-nine sites targeted for ZPCT assistance in provision of PMTCT services are currently providing PMTCT services.

#### **4.2.2.1 PMTCT Training**

There were no PMTCT trainings conducted during this quarter. However, beginning next quarter, ZPCT is moving ahead with training additional HCWs in PMTCT, to reach 150 by the end of the workplan period.

#### **4.2.2.2 PMTCT Services**

By the end of this reporting period, services were being provided in 79 ZPCT-supported facilities targeted for PMTCT. Although Mwinilunga District Hospital has initiated PMTCT services, the data is aggregated and reported through Kanyihampa Health Center, and is therefore not counted as a PMTCT site. In the next quarter, the PMTCT and M&E units will work with Mwinilunga and Kanyihampa health facilities to ensure that data is collected under each facility, bringing the total number of ZPCT-supported PMTCT sites to 80.

ZPCT has continued to provide intensive mentoring to HCWs to establish routine counseling and testing within ANC using the national 'opt out' strategy. Mentorship in HIV testing skills has also contributed to ensuring same-day testing and results within the ANC in the newly established PMTCT sites in Phase 2 and ongoing support for Phase 1 facilities. Most of the 79 facilities are now providing same day results, even though this is sometimes affected by staff shortages. Counselling and testing has also been extended to the labor and delivery wards for those that may not have tested during the antenatal period.

ZPCT continues to give on-going technical assistance and mentorship to HCWs to strengthen linkages of all HIV positive women under PMTCT to follow-up care and treatment services. This will be further improved with the operationalization of the sample referral system within and between facilities. Technical assistance on linkages to family planning services, an important component of PMTCT, is also being provided.

In Luapula Province, there has been a general increase in male involvement in PMTCT. Most pregnant women are accompanied by their spouses during the first attendance of ANC, and receive HIV counseling and testing together. Men provide support and facilitate their partners accessing other PMTCT services. This increase is due to a CHAZ initiative that began at Lubwe Mission Hospital where HCWs held meetings with traditional leaders to discuss the importance of PMTCT services. The traditional leaders, in turn, met with men in the community to encourage them to attend ANC services with their spouses. ZPCT has supported the expansion of this approach to several health facilities in Luapula. As a result, there has been increased utilization of PMTCT services, including HIV testing of the accompanying partners. ZPCT now intends to replicate this success to other provinces in the next quarter.

#### **4.2.2.3 National Level Activities in PMTCT**

ZPCT continued to participate on national committees on PMTCT at MOH as well as the PMTCT Technical Working Group of the NAC. During this quarter, ZPCT participated in the following national level activities:

- The Senior CT/PMTCT Advisor participated in the Zambia PMTCT Mission in May 2006, organized by the MOH and cooperating partners. Representatives to this meeting included staff from WHO, UNICEF, CDC and Botswana Pediatric Center of Excellence. The main aim of the PMTCT missions is to foster in-country dialogue to review and recommend program approaches that can facilitate acceleration of PMTCT program scale up and integration of pediatric care, treatment and support into national ART treatment programs. The key areas of discussion were:
  - To review the status of implementation of PMTCT programs and make recommendations for improving their coverage and effectiveness, including strengthening linkages to CT & adolescent-friendly health services and providing treatment to mothers.
  - To review the status of implementation of care, support and treatment programs and make recommendations for increasing access of children and adolescents to treatment through improved linkages with PMTCT programs, increased identification and case finding, and more broadly dispersed ART programs with the capacity to treat children.
- MOH PMTCT Scale Up Meeting: ZPCT was represented at the meeting to follow up the recommendations of the Zambia PMTCT Mission. The objective of the meeting was to draft a comprehensive MOH PMTCT scale plan up to 2010. Cooperating partners will then be expected to 'buy' into this plan.
- Workshop to draft National Standardized Family Planning Manual: ZPCT participated in this meeting to develop a draft National Standardized FP manual for everyone practicing

or conducting FP trainings to use in programs like PMTCT and ART. The meeting was organized by the MoH in partnership with WHO and UNFPA and other partners.

- The PMTCT Task Group under the Reproductive Health (RH) Sub-committee at MOH reviewed the integrated RH action plan, which includes PMTCT activities. Emphasis was placed on the need to increase supervisory activities for PMTCT which have been lagging behind.

During this reporting period, a joint meeting of the ZPCT Provincial and Lusaka office CT/PMTCT CT staff members was held. The following issues were covered:

- Programmatic experiences were shared on implementing the 'opt out' strategy, same day testing and results, linkages of PMTCT and CT clients to ART, expansion of entry points for CT, strengthening CT in TB patients, processes of facility graduation.
- Quality assurance tools were refined to include comments made based on the pre-test of the draft tools.
- Initiating/strengthening systems to follow up mother-baby pairs in MCH points to facilitate initiation of cotrimoxazole prophylaxis and infant HIV testing at the appropriate age was discussed.

In addition, as mentioned in the previous section, the Senior CT/PMTCT Advisor and CT/PMTCT Officer from Luapula Province attended a Regional CT/PMTCT Consultative Workshop organized by FHI in Nairobi, Kenya. Key lessons learned in the area of PMTCT which will inform ZPCT programs include:

- In PMTCT, ARV regimens given should follow the WHO three-tiered approach. That is full HAART for the pregnant woman who qualifies and ART is available, dual therapy (AZT with NVP) as the second option, and finally NVP alone if nothing else is available.
- Follow-up of mother-baby pairs in PMTCT leading to infant HIV testing at the appropriate time is possible through: good counseling starting from ANC, community mobilization and nutritional support. This follow up can be achieved also through the MCH/EPI programs where babies are brought at regular intervals.

#### **4.2.2.4 Key Issues/Constraints in PMTCT Service Provision**

The following challenges continue to affect smooth provision of PMTCT services:

- Limited human resources have persisted and have sometimes compromised the ability to provide same day test results to pregnant women on the day of PMTCT counseling and testing. Difficulties are also encountered in implementing the 'opt out' strategy due to human resource constraints. ZPCT through working with the DHMTs/PHOs in all provinces has started to provide limited support for overtime for off – duty facility staff to provide services. This initiative is new and so far it is working well.
- Erratic supply of HIV test kits and supplies has continued to contribute to interruptions and delays in service provision in health facilities.

#### **4.2.3 Antiretroviral Therapy (ART)**

During this quarter, ZPCT has provided support to 36 ART sites, eleven of which are outreach sites. In addition, ZPCT has identified an additional three static and nine outreach ART sites to expand services to in the next quarter.

##### **4.2.3.1 ART Training**

During this quarter, ZPCT trained 25 HCWs from Chingola District, Copperbelt Province in ART/OI in an in-house training.

ZPCT has, to date, trained 408 HCWs (including doctors, clinical officers, nurses, pharmacy technologists and technicians, and laboratory technicians and technologists) in ART/OI management.

ART Adherence Support Workers trainings: ZPCT conducted five, ten-day adherence counseling training sessions for 102 community members in Copperbelt, Luapula, Northern, and North Western provinces, bringing the total to 122 ART adherence support workers

(ASWs). This includes those trained since the initiation of this program during the last quarter.

In the quarter under review, two, two-day on-site trainings in management of pediatric ART/OI were conducted in ART sites in each district of Central and North Western Provinces. Fifty-nine HCWs were trained from 11 facilities, of which twenty were medical officers.

#### **4.2.3.2 ART Services**

ZPCT staff continued to provide technical assistance visits to the 36 ART sites during this quarter. Assistance continues to focus on implementation of facility-based integrated HIV service flow charts to improve access and strengthen internal referrals from out-patient department (OPD), TB, STI clinics to CT, and onward referrals for clinical care and ART for HIV-positive clients.

In sites where pediatric ART/OI trainings have been conducted, provincial clinical care officers conducted follow-up TA visits to strengthen the services and, ensure that more children have access to HIV care and ART. The trainings provide a special focus on managing and providing care and treatment for children living with HIV/AIDS. ZPCT is addressing key issues including disclosure and increased availability of pediatric ARV formulations. In addition, ZPCT will establish a Polymerase Chain Reaction (PCR) laboratory at Arthur Davison Children's Hospital to enable diagnosis of HIV in children less than 18 months old.

TA visits were taken to ensure the placement of ART ASWs. ZPCT staff also worked with HCWs to assist and encourage them in improving documentation of adverse drug reactions.

Initiation of ART services at Chipulukusu Health Center is still pending. However, a medical officer has been identified by the Ndola DHMT and discussions between ZPCT provincial office and the Ndola DHMT are ongoing with indications that in the next quarter, ART activities will commence at this health center.

The PHO in Northern Province has been able to identify and deploy a new Medical Officer to Nakonde Health Center. The Medical Officer will provide the much needed leadership in the ART Clinic.

ZPCT continues to focus on the issues outlined below:

- Outreach ART services: ZPCT continues to introduce and expand outreach ART in order to bring the services as close to the people as possible. This quarter, nine more ART outreach sites were identified and assessments done. These sites will be supported under the ART Plus-Up funds when available, bringing the number of outreach sites to 20.
- Adherence counseling for ART clients has been strengthened with the continued training of more HCWs in adherence counseling and the recently introduced training of community members as Adherence Support Workers in all ZPCT-supported provinces. ASWs have begun to be placed at health facilities to provide services three days per week (in the facility and the community). In addition, bicycles have been procured and distributed to ASWs to facilitate home visits.
- ART data collection and data quality: The 34 data entry clerks deployed in collaboration with the DHMT's are performing well in collection and recording of data, with a resulting improvement of data quality.
- Provision of reference materials: This quarter, ZPCT has procured and distributed reference materials on both management of adult and pediatric HIV/AIDS (including pocket guides) and job aids for HCWs.
- ART Plus-Up Funds: ZPCT staff worked with DHMTs and facility management to assess services and develop implementation plans at health facilities to be supported by ART Plus-Up funds. Implementation plans will be incorporated into recipient agreements and implemented next quarter. With ART Plus-Up funds, ZPCT will expand static ART services to three new facilities: Roan General Hospital in Luanshya, Ronald Ross General Hospital in Mufulira (Copperbelt Province), and Mufumbwe District Hospital in North Western Province. ZPCT will expand ART outreach services to nine new sites:

Ipusukilo Health Center (Kitwe), Makululu, Pollen and Kasanda Health Centers (Kabwe), Masansa Health Center (Mkushi), Location Health Center (Kasama), Senama Health Center (Mansa), Samfya Health Center (Samfya), and St. Dorothy RHC and Solwezi Urban Clinic (Solwezi). The funds will also be used to establish a comprehensive HIV/AIDS center at Kitwe Central Hospital and a family care center and PCR laboratory at Arthur Davison Children's Hospital.

- Process of adaptation of SOPs still awaits finalization of PTS forms which are presently being disseminated as drafts for comments from partners.

#### **4.2.3.3 National Level Activities in ART**

ZPCT is represented on the NAC Treatment, Care, and Support Technical Working Group, and staff participates in the reconstituted ART Implementation Committee, convened by the MOH this quarter. ZPCT is an active participant in these and other national level meetings to advance the roll-out of ART services. During this quarter, ZPCT staff participated in the following meetings:

- Finalizing ART Accreditation documents (April 26-28, 2006)
- Patient Tracking System Meeting on finalization of forms (April 24-25, 2006)
- Meeting on ART HMIS Harmonization at Chrismar Hotel (May 11-12, 2006)
- Development of Communication Strategies for the ART Program in Zambia, convened by CRS (May 30, 2006)
- Meeting at JHIPIEGO to assess a computer-based HIV/AIDS care training and monitoring tool (June 2, 2006).
- Joint Program Review Dissemination by National AIDS Council (June 15-16, 2006)
- Meeting on Zambia Country Health Equity Analysis convened by CHESSORE at Chrismar Hotel (June 16, 2006)
- ART Implementation Committee meeting to develop the National ART Implementation Plan for 2006–2008 in Kafue Gorge (May 29, 2006)

#### **4.2.3.4 Key Issues/Constraints**

The following constraints were faced in ART service provision:

- Inadequate equipment and erratic supply of reagents for HIV testing and monitoring clients on ART. Besides the procurement of Facscount machines, other lab equipment and reagents, ZPCT has established a sample referral system and continues to collaborate with the MOH on these issues.
- Erratic supply of Drugs for OI management: ZPCT continues to provide training in commodity management for ART, and technical support to pharmacies in the ZPCT sites. ZPCT is also working with other partners, primarily JSI/Deliver and the Supply Chain Management Project on these issues.
- Limited human resources, particularly medical officers, hinders the roll out of ART services. ZPCT continues to support the establishment of ART outreach sites, providing transport reimbursements for extra shifts for the HCWs.
- Pediatric ART Challenges: Very few children are on ART due to the lack of knowledge and confidence in the management of pediatric cases. ZPCT has rolled out a Pediatric ART/OI training for all ART sites. The ZPCT pharmacy team ensures that pediatric formulations are ordered from the medical stores. Parents are being sensitized and encouraged to give consent for the testing of their children. ZPCT will also strengthen the follow up of babies born to HIV positive mothers.

#### **4.2.4 Clinical Palliative Care**

ZPCT is working with staff at each of the 82 facilities to strengthen and improve palliative care for PLHAs.

##### **4.2.4.1 Clinical Care Training**

The national training curriculum for ART and OI management is combined. A description of this training is included in the previous section (4.2.3.1). As reported, 25 HCWs participated

in ZPCT-supported ART/OI management training during this quarter, bringing the total to 408 HCWs trained to date.

#### **4.2.4.2 Clinical Care Services**

ZPCT Lusaka and provincial office staff have provided technical assistance in clinical care to the 82 sites in the five provinces. During the quarter under review, the provincial clinical care staff focused on the following:

- Sensitizing health care staff on the use of job aids and reference materials.
- Mentorship and supervision in the management of opportunistic infections.
- Strengthening of diagnostic counseling and testing:
- Continued strengthening of links between OPD, IPD, TB corners and STI clinics

#### **4.2.4.3 National Level Activities in Clinical Palliative Care**

ZPCT's work with the NAC Treatment, Care and Support Technical Working Group (described in section 4.2.3.3) also involves issues of clinical care.

ZPCT remains an active member of the Palliative Care Forum (PCF) led by USAID and the Palliative Care Association of Zambia.

ZPCT staff actively participated in the following meetings during this quarter:

- The Director for Technical Support attended the National TB-HIV Technical Working Group meeting at Blue Crest Lodge on April 24, 2006. It was resolved that INH (Isoniazid) prophylaxis will not be included in the policy for management of TB-HIV (i.e. latent TB).
- ZPCT staff participated in a continuing medical education seminar organized by the Palliative Care Association of Zambia at the Mulungushi International Conference Center on April 21, 2006.

#### **4.2.4.4 Key Issues/Constraints**

- Referral linkages have improved in the last quarter and ZPCT will continue to work with facilities to strengthen links between CT, post-PMTCT, TB, STI, under-five and clinical care services. In this quarter, technical assistance to health facility staff emphasized diagnostic counseling and testing.
- Erratic supply of drugs for opportunistic infections is an issue faced in many facilities. ZPCT is providing training in commodity management, and will continue to do so, covering methods for quantification and timely ordering of drugs. ZPCT will continue to share information with JSI-Deliver to facilitate correct forecasting on a national level.
- Limitations of facility-based palliative care. Although palliative care is an important part of the continuum of care, the facility's role is rather limited. ZPCT recognizes this and, while strengthening services within the clinics, linkages with other organizations and partners engaged in palliative care and quality of life are being forged. Provincial offices are linking with other institutions and organizations in the districts involved in HIV/AIDS programming, including palliative care, as an important step in providing a full continuum of care for PLHAs within the district.

#### **4.2.5 Pharmacy Services**

ZPCT is continuing to provide a combination of needed improvements to basic infrastructure and equipment for pharmacy services at 42 Phase 1 facilities. Following the assessment of pharmacy requirements in the 39 Phase 2 facilities, ZPCT continues to provide a similar level of support to these facilities, including improvements to basic infrastructure and equipment in 39 more pharmacies.

In addition, technical support was provided in development of implementation plans related to the ART Plus-Up funds. Following an initial assessment of the facilities, the specific pharmacy requirements were identified and recommendations made regarding equipment provision and infrastructural improvements.

#### **4.2.5.1 Pharmacy Training**

ZPCT did not conduct any pharmacy training this quarter, but concentrated on follow up of health facility staff on site to assess how implementation is progressing. An outline of this is presented in the section below on technical assistance.

ZPCT held a two-day technical workshop for ZPCT provincial office staff on May 8-9, 2006 to conduct technical review and share lessons learned in providing effective laboratory and pharmacy support for HIV/AIDS services. In addition a one-day technical update meeting was held in ART management in conjunction with the ZPCT Clinical Care/ART staff.

#### **4.2.5.2 Technical Assistance**

ZPCT Lusaka office staff provided an upgraded version of the ARVServ Dispensing Tool in sites that have already been using it, and installed the dispensing tool and oriented the users in sites receiving new computers. Currently, 18 ZPCT sites use the updated tool. In addition, Ndeke Health Center in Kitwe has received the computer but is awaiting enhancement of security. The remaining facilities (Phase 2) are awaiting the receipt of computers from ZPCT as outlined in recipient agreements to enable them have access to the tool. The tool is working well with few problems noted and most attributed to human error.

The Senior Advisor, Pharmaceutical Management conducted quarterly visits to Luapula and Copperbelt Provinces and worked with provincial staff to provide TA to pharmacy staff at the facilities. This was centered around following up on commodity management issues, the use of the ARTServ Dispensing Tool, use of standard operating procedures (SOPs), and ensuring the use of the QA/QI tools developed to improve the quality of pharmaceutical services. The remaining provinces will be visited next quarter.

Focused technical assistance was provided in all provinces. The main focus of the TA was non-submission of returns and data which contribute to shortages of critical supplies. The intent is to lessen, and ultimately eliminate, stock-outs in the facilities where the shortage is not due to non-availability of commodities at the central level.

#### **4.2.5.3 Guidelines and SOPs**

ZPCT continues to distribute and promote the use of the Zambia ART Pharmacy SOPs to the facilities, and focuses technical assistance to the sites to ensure that work is being done according to the guidelines and SOPs. ZPCT facilitates the site specific adaptation of these SOPs in line with GRZ policy. To date, this exercise has been conducted in four facilities in North Western Province and in three facilities in Northern Province as a pilot. The process has been reviewed and the site specific adaptations for the remaining ART facilities have been scheduled for the next quarter.

In addition, the pharmacy services tools in the ZPCT QA/QI document distributed last quarter were administered in all the provinces and reviewed and edited according to the feedback from the ZPCT provincial staff. A final version of the tools was submitted for inclusion in the final ZPCT QA/QI document.

#### **4.2.5.4 National Level Activities in Pharmacy Services**

ZPCT staff is actively engaged in a range of issues and discussions at the national level. Participation in national meetings and workshops ensures ZPCT input into national activities and continued collaboration with the MOH and other partners. Meetings and workshops during this quarter included:

- Consultative Meeting for Enhancing the Central Level Part of the Health Commodities Supply Chain (April 13, 2006 at the Intercontinental Hotel): Recently the Ministry of Health has been responding to the concerns and questions raised by the Global Fund, the most important ones pertaining to the lack of good consumption data for the products provided with the GFATM. To address these issues in a consistent and coherent manner, MOH organized a one day consultative meeting involving stakeholders and program managers. The objective of this meeting was to address some of the key policy decisions that must be made to improve the functioning of the central part of the

Logistics Management Information System (LMIS) and distribution systems for health commodities.

- Ministry of Health ARV Drugs Supply Chain Design Workshop (May 14-20, 2006 at Protea Safari Lodge): This workshop was a direct outcome of the Consultative Meeting for Enhancing the Central Level Part of the Health Commodities Supply Chain held in April. The key objectives of the workshop were to review and enhance the current LMIS and the inventory control system for ARV drugs. This also entailed redesign of the forms in use so that all of the essential logistics data items are collected and aggregated at central level. The team also outlined how the distribution of ARV drugs can be better coordinated with the transport of essential drugs by MSL to the district level.
- Procurement and Logistics Management of Essential Drugs including ARVs and Related supplies (June 5-9, 2006 at Blue Crest Lodge, Lusaka): The Ministry of Health in collaboration with WHO held this training to improve the quality, efficiency and transparency of drug procurement for the treatment of HIV/AIDS and to increase local capacity in key activities associated with the supply cycle. The training drew particular attention to some of the unpredictable factors associated with the scaling up of ART that require special consideration, and it also provided basic information about Intellectual Property rights and the various policy options available to policy makers.

#### **4.2.5.5 Key Issues/Constraints**

The ZPCT is committed to working with our partners in the provinces, districts, and facilities to ensure an adequate supply of HIV-related commodities for provision of services. There are many challenges in meeting this goal.

- Medical Stores Limited logistics inadequacies: Occasional lapses in the transport system at MSL require that ZPCT steps in with assistance to get supplies to its support sites. This is only possible when there is pre-arranged travel to these destination sites. ZPCT is constantly working with facility staff to ensure that their orders are submitted according to the delivery schedule requirements that MSL has issued.
- Lack of qualified staff in the facilities: Shortages of trained staff greatly compromises the quality of service delivery in the facilities. ZPCT is working with DHMTs and facilities to improve this situation through implementation of the transport reimbursement system for staff working extra shifts.
- Inadequate supply of commodities: The erratic supply of commodities greatly compromises service delivery across all elements of care. ZPCT continues to employ multiple strategies, including training and technical assistance, to ensure an uninterrupted supply of available essential commodities. Also by actively participating in national level forecasting and quantification activities, ZPCT ensures that the facilities' needs are well taken care of.

#### **4.2.6 Laboratory Services**

ZPCT is continuing to provide improvements to laboratory infrastructure through renovations and procurement of equipment at 35 laboratories in the 43 Phase 1 facilities. Following the assessment of laboratory requirements in the 39 Phase 2 facilities, ZPCT initiated and continues to provide a similar level of support to these facilities, including improvements to basic infrastructure and equipment in 24 more laboratories.

In addition, technical support was given in the development of laboratory implementation plans for the ART Plus-Up funds, to establish three new static ART sites and nine outreach sites.

##### **4.2.6.1 Laboratory Training**

ZPCT did not conduct any training this quarter, but concentrated on follow-up and mentorship of staff at health facilities (discussed in the technical assistance section).

The two-day technical workshop for provincial office staff on May 8-9, 2006 included technical review and share lessons learned in providing effective laboratory and pharmacy support for HIV/AIDS services.



#### **4.2.6.2 Technical Assistance**

ZPCT Lusaka Office laboratory staff visited Copperbelt Province to assess the functioning of the specimen referral system initiated there in the beginning of last quarter. The key constraints identified were the lack of transport and difficulties in implementing the transport reimbursement system for staff who work extra shifts. Technical assistance was provided to strengthen the referral system. The provincial office is following up on the transport reimbursement system.

Focused technical assistance was provided in all ZPCT supported provinces, where all health facilities were visited by ZPCT staff.

In addition, the issue of non-availability of supplies at central level (also a contributing factor) was addressed by ordering, procuring and distributing supplies and reagents as a stop-gap measure.

#### **4.2.6.3 Guidelines/SOPs**

ZPCT continues to distribute and promote the use of the Zambia ART Laboratory SOPs to the facilities, and focuses technical assistance to the sites to ensure that work is being done according to the guidelines and SOPs. As with pharmacy SOPs, ZPCT facilitates the site specific adaptation of these SOPs in line with GRZ policy. To date, this exercise has been conducted in four facilities in North Western Province and in three facilities in Northern Province as a pilot. The process has been reviewed and the site specific adaptations for the remaining ART facilities have been scheduled for the next quarter.

In addition, the laboratory services tools in the ZPCT QA/QI document that were distributed last quarter were administered in all the provinces, and reviewed and edited according to the feed-back from the provincial staff who administered them. A final version of the tools was submitted for inclusion in the final ZPCT QA/QI document.

#### **4.2.6.4 Site Assessments**

ZPCT Laboratory Services visited Arthur Davison Children's Hospital in Ndola, Copperbelt Province to conduct an assessment for the capacity to set up a DNA PCR Facility. Two consultants, the in-charge of the PCR unit from the Pediatric Unit at University Teaching Hospital and his assistant provided technical support during this assessment. A report with the findings and recommendations has been submitted, reviewed and accepted by the ZPCT and the hospital. ZPCT is finalizing the budget and specifications of equipment and consumables for capital equipment to initiate the PCR activities at the hospital. Funding for this activity is to come from the ART Plus-Up funds.

#### **4.2.6.5 Specimen Referral System**

A specimen referral system was developed and initiated to provide laboratory support off-site to facilities with weak capacity, and to streamline and support an efficient patient flow system. ZPCT worked with districts and facilities to map out networks to provide support to ensure the provision of complementary quality laboratory services at all facilities regardless of location. The specimen referral system, with an initial focus on CD4 count testing, was initiated and set up with 23 facilities in four districts in two provinces during the last quarter. Progress made this quarter is outlined below:

- Northern Province: The referral network was set up between nine facilities in three districts. The roll out of the program in the remaining districts is underway and should be completed during the next quarter.
- Luapula Province: The system was introduced and set up between six facilities in three districts also with a plan to roll out and cover the remaining district in the next quarter. The system targets HIV-positive PMTCT clients as a priority and also serves the ART outreach clinic.

#### **4.2.6.6 Procurement**

Results of an earlier ZPCT assessment to determine causes of the general and widespread shortage of reagents for HIV-related laboratory tests found that inadequate or the absence of

stocks at MSL was the main cause of the problem. ZPCT undertook to procure selected commodities to supplement supplies for the five partnership provinces. A summary of this quarter's activity is provided below:

- Procurement and distribution of laboratory reagents: Initial stocks of these reagents procured by ZPCT are provided to the facilities and monitored. The remaining stocks are taken to MSL for storage and onward distribution. Re-supply is based on consumption, and the sites order the commodities from MSL with regular orders for other supplies. ZPCT continued to coordinate the distribution from the MSL of Facscount and Vitros DT 60 reagents procured by ZPCT last quarter. New consignments received and distributed include:
  - **Reagents for Sysmex pocHi-100:** During the equipment installation exercise for the four Sysmex pocHi-100, the vendor provided reagents procured by ZPCT to the facilities as start-up reagents for the equipment. These reagents have since been returned to ZPCT and distributed to the four facilities in two districts in Copperbelt Province with the equipment. In addition, the final batch of the Sysmex controls from the U.S. arrived in Lusaka and has been distributed to the four facilities.
  - **Reagents for Humalyzer 2000:** The reagents for chemistry for Humalyzer 2000 were received from Biogroup and immediately transferred to MSL for storage and distribution to sites as per needs generated on the basis of consumption and orders.
  - **Reagents for Nova Biomedical Phox plus:** The consignment of these reagents has been received at ZPCT from South Africa. Stock has been issued to two facilities in Copperbelt Province through the designated technician who will conduct a calibration exercise for the equipment on site. The balance of these reagents has also been transferred to MSL for storage and distribution to sites as per needs generated on the basis of their consumption.

In principle, the various hematology and chemistry tests are done for free. However, some sites have maintained a nominal charge for these tests to cover the costs for consumables which ZPCT and GRZ are not providing. This fee ranges from about K4,000 to K10,000. Of the 19 ART centers with facilities to perform a CD4 count test, those charging for sundries are still Ndola Central Hospital, Kitwe Central Hospital and Nchanga North General Hospital and the fee ranges from K10,000 to K15,000.

- Procurement and distribution of laboratory consumables: A key constraint identified in the implementation of the specimen referral system is the inadequate supply of laboratory consumables, mainly specimen containers. To address this problem, ZPCT procured 25,000 EDTA vacutainers to be used for CD4 count. 15,000 of these containers have been distributed to the five ZPCT provincial offices for onward distribution to the facilities implementing specimen referral on the basis of their consumption rates. The balance of the containers is in storage at ZPCT as buffer stock to be issued to the facilities on demand.
- Procurement and installation of laboratory equipment: During the last quarter, ZPCT procured autoclaves for use in selected sites. During this quarter, 29 autoclaves were distributed to the five ZPCT provincial offices for onward distribution to the recipient facilities. This exercise will be completed once the provincial technical officers are oriented in the use of the autoclaves to enable them to train the users in the facilities. ZPCT is working with the vendor to finalize a step-by-step procedure presentation for the set-up and use of the autoclaves.

Seventeen binocular microscopes received last quarter have also been distributed to the ZPCT provincial offices for onward distribution to the recipient sites. Six centrifuges and six electronic balances were received from Interimex Limited and are currently in storage at ZPCT awaiting feedback from the vendor regarding the installation schedule.

ZPCT procured eight Humalyzer 2000 for chemistry analysis. Seven of these have been distributed to the ZPCT provincial offices awaiting the technician from the vendor to conduct the installation and commissioning exercise. This equipment will be installed in seven facilities in five districts in three of the five ZPCT support provinces. The eighth piece of equipment is scheduled to be delivered to Chitambo Mission Hospital in

Serenje, Central Province. However, ZPCT is discussing how to address the issue of the lack of a laboratory technician to operate the equipment at this site.

Calibration and maintenance of laboratory equipment in ZPCT-supported sites was discussed with Scientific Group (SG) South Africa/Becton Dickinson engineers. This is in reference to equipment that was procured by GRZ. Servicing of most of this equipment was not carried out during the guarantee period, and SG recommends a single service contract for all the equipment supplied to both ZPCT and procured by the Government. Because the same contract document was given to both Ministry of Health and ZPCT, it was decided that a tripartite meeting is needed to reach a decision. This has been scheduled for early next quarter.

#### **4.2.6.7 National Level Activities in Laboratory Services**

ZPCT staff is actively engaged in a range of issues and discussions at the national level. ZPCT has continued to collaborate with the MOH and CDC on harmonization of training plans for laboratory services. Issues of quality assurance and quality improvement are also being dealt with continuously. Meetings are ongoing with representatives from ZPCT, MOH, and CDC on these issues.

In addition, ZPCT staff continues to collaborate with Clinton Foundation representatives in their planning assistance activities to the MOH. Information is provided to ensure that ZPCT support to GRZ sites is noted and considered in planning.

Participation in national meetings and workshops ensures ZPCT input into national activities and continued collaboration with the MOH and other partners. Continuing on from last quarter, various meetings of the Strengthening Laboratory Services National TWG were held this quarter. The various subcommittees with representation on each group from all the partners (MOH, CDC, JICA, ZPCT, CRS, CIDRZ, CHAZ, USAID, and ZANARA.) met as follows:

- National Laboratory Program Management National Subcommittee: The subcommittee met twice: on April 3, 2006 to discuss progress and way forward for all subcommittees and on April 10, 2006 to discuss the agenda for the proposed Laboratory Services Retreat tentatively scheduled for next quarter. .
- Laboratory Procurement and Logistics National Subcommittee: The subcommittee met on April 10, 2006 at MSL. A presentation was made on storage and distribution issues by MSL, and an update on the development of the laboratory monitoring tool also was given. This tool will be instrumental in data collection for laboratory supplies to help with forecasting/quantification, procurement and ordering. A pilot to collect consumption data for three months (commencing in June) from selected laboratories nationwide will be conducted. ZPCT will take the lead to coordinate this activity in six facilities it supports.
- Laboratory Infrastructure and Equipment National Subcommittee: Members met to share information on the types, number and locations of the CD4 technologies in the country. Several models are available in the country brought in by various partners unaware of Government policy. Since the technologies are already in the country, selecting one or two models would be problematic. The MOH representative made it clear that the preferred equipment for use is the Facscount and the FacsCaliber.
- All these activities culminated in the National Committee on Strengthening Laboratory Services Retreat (May 2-5, 2006; Mulungushi Conference Center). The key outputs of this retreat include:
  - Clarification of the national HIV/AIDS lab policies, roles and responsibilities for plan implementation
  - Draft five year work plans and budgets for each subcommittee
  - Draft of the National HIV/AIDS lab instrument and reagent budget, including funding gaps
- HIV/AIDS Test Kits Supply Chain Design Workshop (June 4-10, 2006; Kafue Gorge). The key objectives of this workshop were to review and enhance the current logistics management information systems and the inventory control system for HIV/AIDS test kits. Forms in use were redesigned so that all of the essential logistics data items are collected and aggregated at central level. Participants outlined how the distribution of

HIV/AIDS test kits can be better coordinated with the transport of essential drugs by MSL to the district level.

#### **4.2.6.8 Key Issues/Constraints**

ZPCT is committed to working with our partners in the provinces, districts, and facilities to ensure an adequate supply of HIV-related commodities for provision of services. There are many challenges in meeting this goal.

- Late submission of aggregated data: Submission of aggregated HIV-related commodities (HIV rapid test kits) data from DHMTs to central level is sometimes delayed due to non-submission of data from sites that ZPCT does not support. This delays the re-supply of these commodities as this is linked to district-level data submission. Stock-outs are experienced at all facilities which hinders service provision. ZPCT is working with DHMTs, and with partners at central level to find ways to address this.
- Lack of qualified staff in the facilities: Shortages of trained staff compromises the quality of service delivery in the facilities. ZPCT is working with DHMTs and facilities to improve this situation by providing transport reimbursements to staff who work extra shifts.
- Inadequate supply of commodities: The erratic supply of commodities greatly compromises service delivery across all elements of care. ZPCT is employing multiple strategies, including procurement of reagents, training and technical assistance, to address this. ZPCT staff also actively participate in national level forecasting and quantification activities.
- Maintenance of diagnostic equipment: Routine preventive maintenance of diagnostic equipment is an issue in assuring uninterrupted laboratory and testing service in the facilities. ZPCT is collaborating with the MOH and CDC to address this problem.
- Specimen referral systems: Challenges also exist in implementing the recently initiated specimen referral system set up by ZPCT. The motorbikes provided by ZPCT are intended for data collection and specimen transport. District Health Information Officers (DHIOs) have custody of the motorbikes, and may prioritize data collection over specimen referral. In some areas, the lack of motorbikes hinders the implementation of the system.

#### **4.2.7 Monitoring and Evaluation (M&E)**

##### **4.2.6.1 Training in Monitoring and Evaluation**

During the quarter under review, M&E topics were covered during one CT training session for HCWs.

20 health care workers from eight ZPCT-supported facilities in Copperbelt province were trained in data collection and reporting as part of the CT course. This training involved the use of the Integrated VCT/PMTCT Register and associated monthly reporting forms.

The training sessions were not conducted in the areas of PMTCT and ART/OI since these have been completed for all facilities.

##### **4.2.6.2 Technical Assistance in M&E**

ZPCT staff provided technical assistance to the ZPCT-supported facilities and districts on updating of the VCT-PMTCT database at DHMTs and implementing the ARV dispensing tool. In addition, the M&E staff provided on-site technical support and mentorship to pharmacy staff at health facilities in Central, Copperbelt, Luapula, Northern and North Western Provinces.

The full report for the data audit ZPCT conducted in all provinces in February to May 2006 was completed during this quarter. The audit process and results, which showed a high level of data reliability, were presented as a poster at the Durban Conference.

ZPCT provided further technical assistance to all provinces in the area of data management at facility level, through mentorship in collaboration with the respective PHO/DHMT staff. The focus of the site visits included working with the PHO and DHMTs to improve the capture of data on the TB linkage to CT in all ZPCT-supported facilities. Since the TA to monitor TB/HIV activities was provided for the first time during this quarter at facility level, the data reported is still of relatively low quality compared to the other statistics. This is reflected in the low numbers in the following table. The data on the TB /HIV activities is expected to be of higher quality (and numbers) in the next quarter.

The deployment of the data entry clerks in all ART sites supported by ZPCT has greatly improved the timeliness and quality of all HIV/AIDS data at these sites. This has also ensured that all patient monitoring tools used to provide ART to patients are up to date. This allows clinical staff more time for actual patient care and contributes to a higher quality of care. The data entry clerks will compile ZPCT data from sites within their districts in addition to ART sites.

### **ZPCT Indicators/Results**

The table below shows service statistics and related data for the period April - June 2006 from ZPCT-supported sites. It is a summary of key indicators for all ZPCT activities from all facilities. The training statistics for HCWs who directly provide services in all the program areas are also presented.

**Services in 82 Facilities Receiving ZPCT Support  
April – June 2006**

Indicator	Achievements May 1 2005 to June 30 2006				
	Workplan (Apr 06 to Mar 07)	Achievements (Apr 06 to Jun 06)			Achievements (May 05 to Jun 06)
CT					
		FEMALE	MALE	TOTAL	
Service Outlets					81
Persons Trained in CT	290*			55	340
Persons receive CT services	43,990	7,264	6,348	13,612	46,899
PMTCT					
Service Outlets					79
Providers trained in PMTCT	200			0	248
Pregnant women provided with PMTCT service, including CT	30,033	12,796		12,796	39,585
Pregnant women provided with a complete course of ART prophylaxis	6,757	1,061		1,061	2,924
Basic Health Care and Support					
Strengthen Facilities to provide clinical palliative care services					82
Service Outlets/programs providing general HIV-related palliative care					82
Persons provided OI management and/or prophylaxis		15,600	10,915	26,515	26,515
Persons provided with general HIV-related palliative care		15,600	10,915	26,515	26,515
Persons trained to provide general HIV-related care	100			25	408
ART Services					
ART service outlets providing treatment					36
Health workers trained	100			25	408
New clients for ART	13,686	2,712	2,006	4,718	15,534
Persons receiving treatment	25,152	12,425	8,657	21,082	21,082
Pediatric ART Services					
Health workers trained in pediatric care	150			59	59
New pediatric clients for ART	395	139	155	294	1,019
Pediatric patients receiving treatment	1,019	689	655	1,344	1,344
TB/HIV Care					
TB infected clients receiving CT services	3,333	413	378	791	791
HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (new cases)	1,641	172	112	284	284

\*Includes 30 HCWs to be trained in Couple Counseling.

#### 4.2.6.3 National Level Activities in M&E

The following National level activities are being undertaken:

- ZPCT is working with Health Services and Systems Program (HSSP) to develop the National CT/PMTCT Procedures Manual to strengthen monitoring and evaluation of CT/PMTCT services. The procedures manual will be accompanied by a new set of CT/PMTCT registers to replace the current Integrated VCT/PMTCT Register.

- ZPCT (in collaboration with CDC, MOH and HSSP) has continued its participation in the integration of PMTCT, CT and ART into the national health management information system (HMIS).
- Work towards the harmonization of ART information systems in Zambia spearheaded by the MOH (and with ZPCT, CDC, CIDRZ, HSSP and CRS) has reached stage where draft forms have been developed. ZPCT is actively involved in the process as well as in the planning for the roll out of the Patient Tracking System (PTS).
- In collaboration with other partners (CDC, HSSP and MOH), the LMIS is being developed with ZPCT involvement.

#### **4.2.6.4 Key Issues/Constraints**

In its commitment to working within existing GRZ systems for data collection, monitoring and evaluation, ZPCT has continued to work with MOH and other partners to advocate for inclusion of the reporting needs of USAID and the Emergency Plan into the national HMIS.

- Harmonization of Patient Tracking System (PTS) Delays in development of PTS forms have hindered data collection. However, recent strides made in developing the forms for the PTS should result in forms that will make it easier for clinicians to monitor patient progress and improve the quality and produce more accurate data. Since the beginning of the year, the ZPCT MS Access database has shown very high reliability and is able to sustain the functions of both data capture and management of data collected from all ZPCT-supported sites. The facility-based PTS once implemented will feed into this MS Access database at the ZPCT Lusaka Office which will in turn generate all the required statistics for both program monitoring and reporting.
- Limited human resources have affected the labor-intensive processes required for adequate data recording, cleaning and reporting across ZPCT sites in the past. Since the recruitment and placement of 34 data entry clerks during the last quarter, data has been compiled in a more timely manner with significant improvements in its quality. However, since these are ZPCT-supported positions are time-limited, sustainability of improvements remains an issue.

### **4.3. Community Mobilization and Developing Referral Networks**

During the reporting period April to June 2006, the position description of the ZPCT referral officers was expanded to include community mobilization activities when the International HIV/AIDS Alliance (IHAA) left the Partnership and provincial office staff assumed full responsibility for implementation of community mobilization activities. The ZPCT Lusaka office program officers and provincial program officers assist with the programmatic aspects of community mobilization and referral network activities.

#### **4.3.1 Community Mobilization Program**

##### **4.3.1.1 Transition from IHAA- Community Based Organization (CBO) Partners**

The close out of mobilization activities implemented by CBOs supported by IHAA was completed this quarter. ZPCT had executed letters of agreement with 4 CBOs to fulfill the year of implementation specified in their original agreements with IHAA. ZPCT's agreements were to cover final activities for February and March 2006. Extensions were granted in some cases. In Mansa, activities under agreements with Muchinka and Red Cross ended in April, and with St. Anthony's Home Based Care in Mkushi in March. The extension to letter of agreement for Kasama Crisis Center agreement ended May 15, 2006. Financial and programmatic reports have been submitted by all CBOs to the ZPCT provincial offices.

ZPCT will continue to work with the Zambia Red Cross Society of Mansa through the recently introduced community purchase order mechanism.

The following table summarizes data collected during the close out period only for activities funded under ZPCT letters of agreement.

Activity	Indicator	KCCC (Kasama)	St. Anthony (Mkushi)	Muchinka (Mansa)	Mansa Red Cross	Total
CT	Number of people reached with VCT messages	373	1,148*	1021	937	3479
	Number of people referred for VCT	63	0	119	145	327
PMTCT	Number of people reached with PMTCT messages	331	0	20	643	994
	Number of people referred for PMTCT	63	0	7	299	369
ART	Number of people reached with ART messages	259	0	184	396	839
	Number of people referred for ART	33	0	0	54	87

\*The data will be verified by ZPCT M&E staff.

#### 4.3.1.2 Provincial Community Mobilization Activities

Community mobilization plans to guide the implementation of activities, beginning with the nine Phase 1 districts were finalized and have been initiated for Phase 1 districts. These plans address strengthening the existing mobilization and referral activities in catchment areas and communities around the ZPCT-supported health facilities.

Community mobilization efforts will emphasize efforts to increase demand for CT and PMTCT in ZPCT supported sites. Through mobilization activities such as focus group discussions held in the community, door to door campaigns and drama, community members are informed of the benefits and availability of CT and PMTCT services at the health facility. All mobilization activities include referral for CT and PMTCT.

During this quarter, ZPCT completed guidelines and development of a community mobilization purchase order adapted to the needs of the provincial programs. The community purchase order is a mechanism for purchasing defined mobilization services from established community based organizations. ZPCT provincial offices work with DHMTs and health facilities to identify existing groups, such as the neighborhood health committees (NHCs), drama groups and other active and reputable groups affiliated with or of possible benefit to ZPCT-supported facilities. Members of most of the identified groups have received training in HIV/AIDS technical areas to implement community mobilization activities.

Community purchase orders are developed through a consultative process with an identified community group to develop a scope of work within the ZPCT mandate. The scope of work will be based on agreed upon activities and targets for a community group to complete within a defined time frame which can be measured and documented. The community group submits a final report, including a report on specific indicators, to the provincial ZPCT team at the completion of activities. Payment follows the submission of the report.

##### Working with Community-Based Structures

During this quarter, ZPCT provincial referral officers held consultative meetings with community groups (in most cases Neighborhood Health Committees) operating within the catchment areas of ZPCT-supported health facilities in Phase 1 districts. Gaps were identified within current mobilization and referral activities around the health facilities, and community partners best placed to conduct mobilization activities identified. Discussions concerning development of purchase orders were held, and are under development for implementation in the next quarter.

ZPCT provincial staff has also convened and/or participated in community level meetings held at ZPCT-supported sites as well as district level to improve communication and coordination of activities across project. Other USG partners, such as the Health



Communication Partnership and Catholic Relief Services, are among those often represented.

#### Expanded Church Response (ECR)

ZPCT associate partner organization, ECR, is actively involved in community mobilization through church communities in Central Province with ZPCT support. In this quarter, ECR provided technical support to the church coordinating committees around Makululu and Mahatma Gandhi in Kabwe and Chibefwe and Chalata health facilities in Mkushi. These committees work to increase acceptability and access of members of different church groups to CT services by planning and reviewing referral activities. Members of coordinating committees include health facility staff.

ZPCT staff at the central and provincial level has worked with ECR to realign their objectives and to better integrated ECR activities into provincial community mobilization activities. These revisions are reflected in an amendment to the ECR subagreement, to be completed and signed in the next quarter.

#### Community Job Aide

A job aide for use by community groups and representatives during mobilization activities was developed by ZPCT community program staff in collaboration with the ZPCT Documentation Officer. This is a card with key messages on counseling and testing and PMTCT. The tools will ensure community based agents are able to disseminate accurate information on HIV/AIDS services being offered at the health facilities, including the days and times of service provision and the benefits of accessing these services. The card will have a space to list the nearest health facilities and times that CT and PMTCT services are offered, as reference when referring clients needing these services.

### **4.3.1.3 Referral Network Development**

District level referral networks are being strengthened or developed in Phase 1. This process has included collaborating with partners to identify a district referral coordinating unit; in all Phase 1 districts, the DHMT or District AIDS Task Force (DATF) has been selected for this role. When these nine district networks are functioning well and lessons from their implementation have been documented, ZPCT provincial staff will work with DHMT and other partners to replicate the process in Phase 2 districts.

During this quarter, basic referral network tools were developed. ZPCT provincial referral officers oriented health facility focal point persons in the use of the referral form, referral register and exit survey form. In the Copperbelt and Central Provinces the referral tools are fully operational and most network members have taken the responsibility for ensuring they have enough referral forms and registers for daily use. In North Western Province, the district network is piloting the draft tools before they are considered final. Development continues in Northern and Luapula Provinces.

During the reporting period the referral officers compiled the directory of services for HIV/AIDS services and operations manuals in the Phase 1 districts. These manuals are under review and revision.

Case Study: The ZPCT documentation officer, working with Lusaka and provincial office staff, drafted a case study based on the referral network experiences in Copperbelt Province. In both Chingola and Ndola Districts, the DHMTs have taken ownership of the network and have committed funds to the functioning of the network.

### **4.3.1.4 Data Collection for Community Mobilization and Referrals**

Collection of meaningful data on results of community mobilization and referral network activities is a challenge. Indicators and procedures for collecting data on these indicators were defined by ZPCT community and M&E staff. The primary tool for data collection and validation is the referral form, which includes a section for the referral and a second for feedback. When a referral for services is made by a community mobilization agent (CBA), the CBA will complete the first section of the two-part referral form which is taken by the referred patient to the service delivery point. A referral focal point person at the health facility

will receive the referral form and fill out the second part. The form is then dropped in a box at the health facility.

At the beginning of each month, ZPCT data entry clerks and provincial M&E officers, who have been oriented to the referral forms and registers, will collect the referral forms, compile the information and validate it with information in the register. This will then be reported through the ZPCT systems, and to the DHMTs and referral network members.

These procedures have been included in the ZPCT Monitoring and Evaluation procedures manual. This manual guides the collection and compilation of data for monitoring ZPCT activities.

#### **4.3.2 Lay Counselors Training and Placement**

The continuing support provided by lay counselors for CT services, including pre, post and on going supportive counseling, is a key part of the ZPCT response to relieving the health resource shortages. During this quarter, 27 lay counselors were trained in Central Province and 20 in Northern Province. ZPCT Provincial CT/PMTCT Officers have had increased involvement in the selection of community members for lay counselors training, ensuring that only participants who are eligible participate in the training and subsequent placement.

In response to issues raised in placement of ZPCT-trained lay counselors in health facilities, placement procedures, including responsibilities of lay counselors and facility staff, were discussed with DHMT representatives and documented by ZPCT. ZPCT provincial staff meets with DHMT representatives to review obligations of the recipient agreements in relation to the placement of lay counselors. Based on this, agreement is reached on the number of counselors to be trained and placed in respective health facilities.

Once a lay counselor completes ZPCT training, a formal letter of introduction is issued by the DHMT to the facility in charge and a copy kept by the lay counselor. This letter clearly outlines the days and hours the lay counselor will work in the health facility and specifies responsibilities of the health facility to support and supervise the lay counselor. A position description stating the roles and responsibilities of the lay counselors in the facility is attached. These procedures are followed in all provinces

#### **4.3.3 Key Issues/Constraints for Community Mobilization and Referral Networks**

- Community Purchase Orders  
Start-up problems have been experienced with the introduction of the community purchase order, including definition of which groups are available, what type of services are appropriate for funding through this mechanism, and time periods for funding. With continued development of individual purchase orders, and refining of guidance for this new mechanism, these issues are being resolved.
- Orientation to the new referral forms  
In districts where the DHMT is the referral coordinating agency, sites not supported by ZPCT have not received orientation to the referral tools, presenting a challenge for the network as a whole. Provincial Referral Officers will continue to work with the coordinating agency to ensure that orientation is completed for all sites.  
  
Introducing new forms is a challenging, and technical assistance is needed in the completion of referral forms by referring and receiving organizations. Registers and forms are still not being filled in correctly in some ZPCT-supported facilities.
- Distribution and acceptance of the referral forms  
Consensus has been reached and standard referral forms adopted and introduced in many district referral networks. Even in instances where funding or new forms have been provided, facilities continue to use old stock until they are exhausted. Provincial referral officers will address this with the referral coordinating agency, and with network membership.

## 5. CHALLENGES

The ZPCT Partnership has a great opportunity to work with the GRZ and make a positive contribution to the scale up of HIV/AIDS services in Zambia. The Partnership also faces many challenges. These challenges will only be met through close collaboration with the MOH, USAID, other donor agencies, and partner organizations.

Notable challenges exist in the following areas:

➤ ***Human Resources***

Staff capacity and availability at all levels within the provinces are below what is required, especially at the health center level. The addition or expansion of HIV-related services further strains the situation. As a response to this, ZPCT has developed and implemented a plan to support HCWs who work extra shifts.

➤ ***Training and support for HCWs***

Several challenges are inherent in training in Zambia. Training for PMTCT and ART/OIs must follow the Zambia national training curricula. These are both two-week courses, and take staff from already short-staffed facilities for a long period. In addition to the service-related issues, this is also a considerable burden on the ZPCT budget. ZPCT has conducted in-house training courses, and continues to work with MOH and other partners on alternative strategies and models for training, as well as cost-savings for current trainings.

➤ ***Inconsistent supplies of HIV commodities and drugs***

Erratic supplies of HIV test kits, reagents, ARVs and other commodities are common and have resulted in interruptions to service provision. This situation is particularly challenging because there are so many points in the supply chain where a breakdown can occur. ZPCT works with staff in the facilities, and with the MOH and JSI/Deliver at a national level, on quantification, record keeping, ordering, and commodity management. In addition, ZPCT procured a stopgap interim supply of reagents. USAID procurement requirements made this challenging. After receiving the final waiver in the last quarter, all remaining reagents have been procured and most received in-country. Even in these difficult budget times, ZPCT has included reagents in the next annual budget.

➤ ***National Guidelines, Protocols, and SOPs***

ZPCT is reproducing and disseminating key guidelines to facilities. In addition, technical staff is working with the MOH and other partners on development of national SOPs for key procedures, and in the interim, has provided job aids in CT, PMTCT, and ART/OI to ZPCT-supported facilities to enhance quality assurance and improvement.

➤ ***Implementing M&E Systems in Government Facilities***

The Ministry of Health, both at the national and provincial level, is unwilling for projects to introduce additional, burdensome reporting requirements in government health facilities. Most indicators required for ZPCT reports under the Emergency Plan are collected through the existing health information system (HMIS), but the few missing indicators and need for more regular reports (monthly vs. quarterly) continue to require additional efforts. Data entry clerks were hired, oriented, and placed in 34 ZPCT-supported ART centers. This will improve the quality of data and increase the sustainability of improved data collection methods being introduced.

➤ ***Sustainability and Quality of Services***

As ZPCT expands into more districts and facilities, quality assurance and sustainability become increasingly important, and more challenging. ZPCT's central and provincial level staff will continue to provide technical assistance and mentor staff to ensure quality. ZPCT piloted QA/QI tools for all technical areas in each of the provinces and will work with facility staff to establish routine QA/QI.

➤ ***Budget Issues***

The appreciation of the Zambian kwacha at the end of last year is having a devastating effect on this year's budget, and has decreased available project funds by 30%. The resulting scaling back of activities may have an effect on targets.

Strategies to respond to these challenges have been incorporated into the ZPCT work plan and are being addressed as implementation progresses.

## 6. PLANS FOR THE NEXT QUARTER

Highlights from the plans for the next quarter are described below. In addition to the specific activities listed, the ZPCT Partnership will continue to build a strong partnership with MOH and other partner organizations at the provincial and district levels, and with staff and management in facilities.

- Complete renovations and procurement of equipment and supplies for Phase 2 facilities and DHMTs.
- Develop recipient agreements with ART Plus-Up funds for services at Roan General Hospital in Luanshya, Ronald Ross General Hospital in Mufulira (Copperbelt Province), and Mufumbwe District Hospital in North Western Province.
- Execute amendments for all 33 recipient agreements (Phase 1 and 2) through September 30, 2007, including funds and implementation plans for nine new ART outreach sites, as well as expanded scopes of work at selected facilities, including Kitwe Central Hospital and Arthur Davison Children's Hospital.
- Initiate activities to set up a PCR laboratory at Arthur Davison Children's Hospital, including procurement of equipment and reagents, training of laboratory staff, refurbishment and specimen referral system.
- Initiate procurement and refurbishments for ART Plus-Up sites, including procurement of major equipment such as hematology analyzers (ABX Micros and Sysmex pocH-100i), Facscount, and chemistry analyzer (Humalyzer 2000).
- Execute a Memorandum of Understanding with Ndola Catholic Diocese to increase access to ART services in Ndola, Kitwe and Chingola districts in Copperbelt Province, through provision of outreach services using the Ndola Diocese Integrated AIDS Program as an entry point.
- Finalize guidelines and standards to decentralize provincial offices.
- Finalize contract with KCTT to implement five counseling supervision trainings and one basic CT training.
- Work with CHAZ to complete renovations and procurement at Chilubula and initiate renovations at Mambilima and Lubwe health facilities. Amend the subagreement with CHAZ for another one-year period.
- Complete amendment with ECR. Continue and expand community activities in Kabwe and Mkushi and initiate activities in Chingola.
- Develop plans, guidelines and SOPs for mobile CT services, and pilot in two sites.
- Develop patient cards for ART, and revise the job aids.
- Initiate specimen referral system in North Western Province and at remaining facilities in Central, Copperbelt and Luapula Provinces.
- Implement system and procedures for routine QA/QI in all technical areas in all project provinces.
- Develop and sign community purchase orders to implement mobilization activities linked to communities surrounding ZPCT-supported Phase 1 facilities.
- Finalize referral tools to for Phase 1 districts.
- Work with MOH and partners (CIDRZ, CRS, CDC, HSSP) to complete the harmonized patient tracking system (PTS) and finalize related SOPs. PTS will be piloted at selected ZPCT-support ART sites, along with other sites throughout the Zambia.
- Complete of placement of trained ASWs at ART centers to provide in-facility and community follow up to ART clients. Identify and place additional ASWs at new ART sites.
- Hire, train and place data entry clerks at new ART sites.
- Continue to collaborate with associate partner organizations on management of agreements and implementation and reporting of project activities; provide support and monitoring to assure quality. Conduct a one-day partner meeting for associate partners.

## Attachment A: Status of ZPCT-Supported Services and Facilities

District	Health Facility	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4
<b>Central Province (15 facilities)</b>							
<b>Kabwe</b>	Kabwe General Hospital	◆	◆	◆	◆	◆ <sup>3</sup>	
	Mahatma Gandhi Health Center	◆ <sup>1</sup>	◆	◆	◆	◆	◆
	Kabwe Mine Hospital	◆	◆	◆	◆	◆	◆
	Bwacha Health Center		◆	◆	◆	◆	
	Makululu Health Center	❖ <sup>1</sup>	◆	◆	◆	◆	◆
	Pollen Health Center	❖ <sup>1</sup>	◆	◆	◆		◆
<b>Mkushi</b>	Mkushi District Hospital	◆	◆	◆	◆	◆	❖
	Chibefwe Health Center		◆	◆	◆		❖
	Chalata Health Center		◆	◆	◆		❖
	Masansa Health Center	❖	◆	◆	◆	❖	❖
<b>Serenje</b>	Serenje District Hospital	◆	◆	◆	◆	◆ <sup>3</sup>	
	Chitambo Hospital	◆	◆	◆	◆	◆	❖
<b>Chibombo</b>	Liteta District Hospital	◆	◆	◆	◆	◆	◆
	Chikobo Rural Health Center		◆	◆	◆		◆
	Mwachisompola Health Demonstration Zone		◆	◆	◆	◆	❖
<b>Copperbelt Province (26 facilities)</b>							
<b>Ndola</b>	Ndola Central Hospital	◆	◆	◆	◆	◆ <sup>3</sup>	
	Arthur Davison Hospital	◆	◆	◆	◆	◆ <sup>3</sup>	
	Lubuto Health Center	◆ <sup>1</sup>	◆	◆	◆	◆	
	Chipulukusu Health Center	❖ <sup>1</sup>	◆	◆	◆	❖ <sup>2</sup>	❖
	Chipokota Mayamba Health Center	◆ <sup>1</sup>	◆	◆	◆	◆	◆
	Mushili Clinic		◆	◆	◆		❖
	Nkwazi Clinic		◆	◆	◆		❖
	Kawama Health Center		◆	◆	◆	◆	❖
	Ndeke Health Center		◆	◆	◆		❖
<b>Chingola</b>	Nchanga N. General Hospital	◆	◆	◆	◆	◆ <sup>3</sup>	
	Chiwempala Health Center	◆ <sup>1</sup>	◆	◆	◆	◆	◆
	Kabundi East Clinic	◆ <sup>1</sup>	◆	◆	◆	◆	◆
	Chawama Health Center		◆	◆	◆	◆	◆
<b>Kitwe</b>	Kitwe Central Hospital	◆	◆	◆	◆	◆ <sup>3</sup>	
	Ndeke Health Center	◆ <sup>1</sup>	◆	◆	◆	◆	◆
	Chimwemwe Clinic	◆ <sup>1</sup>	◆	◆	◆	◆	◆
	Buchi Health Center		◆	◆	◆	◆	◆
	Luangwa Health Center		◆	◆	◆		◆
<b>Luanshya</b>	Thompson District Hospital	◆	◆	◆	◆	◆ <sup>3</sup>	
	Mikomfwa Health Center		◆	◆	◆		❖
	Mpatamatu Sec 26 Urban Clinic		◆	◆	◆	❖	❖

District	Health Facility	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4
<b>Mufulira</b>	Kamuchanga District Hospital	◆	◆	◆	◆	◆	❖
	Clinic 3 Mine Clinic		◆	◆	◆		❖
	Kansunswa Health Center		◆	◆	◆		❖
<b>Kalulushi</b>	Kalulushi Government Clinic	◆ <sup>1</sup>	◆	◆	◆	◆	◆
	Chambishi Health Center		◆	◆	◆		◆
<b>Luapula Province (12 facilities)</b>							
<b>Mansa</b>	Mansa General Hospital	◆	◆	◆	◆	◆ <sup>3</sup>	
	Senama Health Center	❖ <sup>1</sup>	◆	◆	◆	◆	◆
	Central Clinic		◆	◆	◆	◆	❖
	Matanda Rural Health Center			◆	◆		❖
	Chembe Rural Health Center		◆	◆	◆	❖ <sup>2</sup>	◆
<b>Kawambwa</b>	Kawambwa District Hospital	◆	◆	◆	◆	◆ <sup>3</sup>	
	Mbereshi Hospital	◆	◆	◆	◆	◆	◆
	Kawambwa Health Center		◆	◆	◆	◆	◆
<b>Mwense</b>	Mambilima Health Center (CHAZ)	◆ <sup>1</sup>	◆	◆	◆	◆	❖
	Mwense Health Center		◆	◆	◆	◆	❖
<b>Samfya</b>	Lubwe Mission Hospital (CHAZ)	◆	◆	◆	◆	◆ <sup>3</sup>	
	Samfya Health Center	◆ <sup>1</sup>	◆	◆	◆	◆	◆
<b>Northern Province (17 facilities)</b>							
<b>Kasama</b>	Kasama General Hospital	◆	◆	◆	◆	◆ <sup>3</sup>	
	Kasama Urban Health Center		◆	◆	◆	◆	◆
	Location Urban Health Center	❖ <sup>1</sup>	◆	◆	◆	◆	◆
	Chilubula Mission RHC (CHAZ)		◆	◆	◆	◆	◆
	Lukupa Rural Health Center		◆	◆	◆	◆	◆
<b>Nakonde</b>	Nakonde Rural Health Center	◆	◆	◆	◆	◆ <sup>3</sup>	
	Chilolwa Rural Health Center		◆	◆	◆		◆
	Waitwika Rural Health Center		◆	◆	◆		◆
	Mwenzo Rural Health Center		◆	◆	◆	❖ <sup>2</sup>	◆
<b>Mpika</b>	Mpika District Hospital	◆	◆	◆	◆	◆ <sup>3</sup>	
	Mpika Health Center		◆	◆	◆		◆
<b>Chinsali</b>	Chinsali District Hospital	◆	◆	◆	◆	◆ <sup>3</sup>	
	Chinsali Health Center		◆	◆	◆		◆
<b>Mbala</b>	Mbala General Hospital	◆	◆	◆	◆	◆ <sup>3</sup>	
	Mbala Urban Health Center		◆	◆	◆		◆
	Tulemane Urban Health Center		◆	◆	◆	◆	◆
<b>Mpulungu</b>	Mpulungu Health Center	◆ <sup>1</sup>	◆	◆	◆	◆	◆
<b>North Western Province (12 facilities)</b>							
<b>Solwezi</b>	Solwezi General Hospital	◆	◆	◆	◆	◆ <sup>3</sup>	
	Solwezi Urban Health Center	❖ <sup>1</sup>	◆	◆	◆	◆	❖
	Mapunga Rural Health Center		◆	◆	◆	❖	❖

District	Health Facility	ART	PMTCT	CT	CC	Lab	Specimen Referral for CD4
	St. Dorothy Rural Health Center	❖ <sup>1</sup>	◆	◆	◆	❖	❖
	Mutanda Health Center		◆	◆	◆		❖
<b>Zambezi</b>	Zambezi District Hospital	◆	◆	◆	◆	◆ <sup>3</sup>	
	Zambezi Urban Health Center			◆	◆		❖
	Mize Health Center		◆	◆	◆		❖
<b>Kabompo</b>	Kabompo District Hospital	◆	◆	◆	◆	◆ <sup>3</sup>	
	St. Kalembe Rural Health Center (CHAZ)		◆	◆	◆	◆	❖
<b>Mwinilunga</b>	Mwinilunga District Hospital	◆	❖	◆	◆	◆ <sup>3</sup>	
	Kanyihampa Health Center		◆	❖	◆		❖

**Attachment B: ZPCT Training Courses  
(1 April – 30 June 2006)**

**Table 1: Counseling and Testing**

Training Course	Dates	Province/District		Number of Facilities	Number Trained
CT	15/05/06 to 27/05/06	Copperbelt	Ndola Luanshya	6 2	18 2
<b>Total</b>				<b>8</b>	<b>20</b>

**Table 2: Supervision Counseling**

Training Course	Dates	Province/District		Number of Facilities	Number Trained
Supervision counseling	22/05/06 to 2/06/06	North Western	Solwezi	4	5
			Kabompo	1	1
			Mwinilunga	3	3
			Zambezi	2	2
Supervision counseling	3/04/06 to 18/05/06	Central	Kabwe	2	3
			Mkushi	1	1
			Serenje	2	4
			Chibombo	2	4
Total				17	23

**Table 3: Couples Counseling**

Training Course	Dates	Province/District		Number of Facilities	Number Trained
Couple Counseling	19/06/06 To 25/06/06	Copperbelt	Ndola	6	6
			Luanshya	1	1
			Kitwe	3	3
			Chingola	2	2
Total				12	12

**Table 4: Lay Counseling**

Training Course	Dates	Province/District		Number of Facilities	Number Trained
Lay counseling	23/04/06 To 5/05/06	Northern	Kasama	2	4
			Chinsali	2	4
			Mpulungu	1	2
			Mbala	3	6
			Mpika	2	4
Lay counseling	15/05/06 To 27/05/06	Central	Kabwe	5	9
			Mkushi	4	9
			Serenje	2	4
			Chibombo	3	5
Total				24	47

**Table 5: ART/Clinical Care**

Training Course	Dates	Province/District		Number of Facilities	Number Trained
ART /OIs	19/05/06 to 29/05/06	Copperbelt	Chingola	4	25
<b>Total</b>				<b>4</b>	<b>25</b>



**Table 6: ART/Clinical Care: Pediatrics**

Training Course	Dates	Province/District		Number of Facilities	Number Trained
Pediatric ART /Ols	15/05/06 to 26/05/06	N/western	Zambezi	1	8
			Kabompo	1	8
			Mwinilunga	1	8
			Solwezi	1	8
Pediatric ART /Ols	22/05/06 to 29/05/06	Central	Kabwe	3	13
			Mkushi	1	5
			Serenje	2	5
			Chibombo	1	4
Total				11	59

**Table 7: ART Adherence Support Workers (Community Volunteers)**

Training Course	Dates	Province/District		Number of Facilities	Number Trained
ASW	27/03/06 to 6/04/06	Copperbelt	Ndola Luanshya	5 1	21 3
ASW	18/04/06 To 29/04/06	Copperbelt	Kitwe Kululushi Chingola Mufulira	4 1 1 1	9 3 1 3
ASW	28/05/06 To 8/06/06	N/western	Solwezi Mwinilunga Kabompo Zambezi	1 1 1 1	4 5 2 5
ASW	19/06/06 To 29/06/06	Luapula	Mansa Kawambwa Lubwe Mbereshi Mambilima Samfya Senama	1 1 1 1 1 1 1	5 3 2 3 3 3 1
ASW	12/06/06 To 21/06/06	Northern	Kasama Nakonde Mpika Mpulungu Mbala Chinsali	4 4 2 1 2 2	8 5 4 2 3 4
<b>Total</b>				<b>39</b>	<b>102</b>

**Table 8: Adherence Counseling Training for HCWs**

Training Course	Dates	Province/District		Number of Facilities	Number Trained
Adherence counseling	23/05/06 to 24/05/2006	Copperbelt	Chingola	4	15
<b>Total</b>				<b>4</b>	<b>15</b>

**Table 9: Monitoring and Evaluation**

Training Course	Dates	Province/District(s)		Number of Facilities	Number Trained
CT	15/05/06 TO 27/05/06	Copperbelt	Ndola Luanshya	6 2	18 2
<b>Total</b>				<b>8</b>	<b>20</b>

**ATTACHMENT C:**  
**ZPCT TECHNICAL STRATEGIES**  
**June 30, 2006**

**Counseling and Testing**  
**Prevention of Mother-to-Child Transmission**  
**Clinical Care and Antiretroviral Therapy (ART/OI)**  
**Pharmacy**  
**Laboratory**  
**Training**  
**Community Mobilization**  
**Referral Network**  
**Monitoring and Evaluation**

July 2006

### Technical Overview

HIV counseling and testing (CT) is the entry point to comprehensive HIV/AIDS services - treatment, care and support. However, only 11.4% of males and 15.3% of females in Zambia have been tested for HIV. In addition, although there are increasing numbers of infected children due to high prevalence among pregnant women and low national PMTCT coverage and uptake, there has been limited focus on children. If Zambia is to achieve the goal of making HIV/AIDS services accessible to all that need them, CT must be made easily accessible and acceptable to communities.

ZPCT will assist the Government of Zambia (GRZ) to expand geographical coverage for CT, increase the number of clients seen in some of the existing underutilized CT services, promote male access and uptake, and broaden the range of services provided at CT sites to include both client-initiated and provider-initiated services, prevention of mother-to-child transmission (PMTCT), including diagnosis of pediatric HIV.

High standards of CT are critical, and providers are trained to uphold these standards which include the voluntary nature of HIV testing, the need to obtain informed consent, confidentiality of the process, and access to high-quality supportive counseling.

### Technical Strategy

The ZPCT Partnership, in collaboration with the GRZ, will facilitate expansion and strengthening of CT in the five northern provinces of Zambia - Central, Copperbelt, Luapula, Northern and North Western. By June 2006, CT services were initiated or strengthened in 81 CT sites in the target provinces. To expand access and coverage as rapidly as possible, ZPCT is working with the District Health Management Teams (DHMTs) and facility staff to identify and broaden entry points to testing. In each of the health facilities, space has been identified and will be dedicated to CT services.

To facilitate rapid scale up of CT services, including expanding access and coverage as rapidly as possible, ZPCT in collaboration with the Provincial Health Offices (PHOs), DHMTs and facility management is broadening entry points for testing by:

- Expanding testing to clinical areas such as sexually transmitted infections (STI) and tuberculosis (TB) clinics, in-patient and general outpatient departments, home care programs, and in post-exposure situations
- Expanding testing to children in pediatric services and other clinics
- Expanding and integrating CT services linked to antenatal clinic (ANC) services
- Establishing CT rooms within the health facilities for those who just want to know their status
- Use of lay counselors in health facilities and communities
- Innovations such as use of multidisciplinary mobile outreach counseling teams
- Working to ensure same day testing and results; provision of testing corners in CT rooms
- Provision of testing corners to provide same day results in TB clinics
- Developing and adapting quality assurance (QA) tools for CT and supporting the systems in the facilities
- Developing and/or adapting job aids for use by health care workers (HCWs)
- Providing on-going mentoring, supervision and monitoring and evaluation of CT services
- Sensitizing trained health care workers to make deliberate efforts to refer clients who are positive to care and treatment

## Key Activities

At facility level:

- Infrastructure improvement: Refurbishment of identified CT rooms within facility.
- Human resources: Training of health care workers, lay counselors, couple counselors and counselor supervisors to support CT services.
- Distribution of national HIV CT guidelines to all facilities and orientation of staff in their use, development of standardized and tailored standard operating procedures for CT for the different levels of facilities and cadres (rural health center, peri-urban health center, and hospital; HCW use vs. lay counselor).
- Test kits and supplies: ZPCT will ensure that facility and DHMT staff is trained in forecasting and procurement of HIV test kits and supplies to ensure an uninterrupted supply.
- Strengthen CT services in clinical areas such as TB, STI and ANC clinics.
- Operationalization of completed quality assurance tools for CT in all facilities
- Continue regular individual and group supervision for counselors.
- Distribution of job aids and information, education and communication materials to all facilities.
- Regular supportive supervisory visits to facilities to ensure quality.

At community level:

- Increase awareness and mobilize the community for increased access to and use of CT services.
- Establish strong, workable referral networks to and from facilities/community with DHMT.
- Implement mobile CT services for hard to reach areas.

At PHO/DHMT level, ZPCT will support their HIV/AIDS activities by:

- Participating in annual planning meetings and ensure integration of ZPCT activities into PHO and DHMT annual plans.
- Participating in the quarterly supportive supervision and assessment visits to all ZPCT sites.
- Providing management and supervisory training as needed for DHMT staff.

## List of Indicators and Targets

Indicator	Targets (1 April 2006 to 30 September 2007)	Achievements (1 April 2006 to 30 June 2006)	Achieved to Date (1 May 2005 to 30 June 2006)
Health care providers trained in CT	290	55	340 (226 basic counseling & 114 counseling supervision)
Number of service outlets providing CT	N/A	81	81
Number of clients tested and received results	43,990	13,612	46,899

## Challenges

- **Human resource constraints:** ZPCT will continue to train lay counselors and place them at facilities to help with the pre-test counseling and also provide on-going supportive counseling.
- **Inadequate counseling space** in some of the facilities.
- **Lack of community awareness** of the availability of comprehensive HIV/AIDS care packages. ZPCT is promoting community mobilization by different community groups such as neighborhood health committees (NHCs), CBOs, NGOs, and faith-based groups to increase awareness and demand.
- **Stigma and discrimination:** Health care worker sensitization training is conducted to create community acceptable services at the clinics.
- **Shortages of test kits and supplies** due to non availability at central level or due to poor forecasting and procurement practices. There is ongoing training of staff in forecasting, procurement to make sure the district procurement needs are correctly identified.

For additional information in this technical area, please contact:  
**Zambia Prevention, Care and Treatment Partnership (ZPCT)**  
Plot 2055 Nasser Road, P O Box 320303, Lusaka, Zambia  
Email: [info@zpct.org](mailto:info@zpct.org) Phone: 01-257 331/7 Fax: 01-257 329

## Technical Overview

According to the Ministry of Health in 2005, an estimated 25% of pregnant women are HIV positive and approximately 40% of babies born to HIV-positive mothers are infected with the HIV virus. There are increasing numbers of infected children due to the high prevalence among pregnant women and low national PMTCT coverage and uptake. ZPCT is working with the Ministry of Health (MOH) to integrate prevention of mother-to-child transmission (PMTCT) into existing maternal and child health services at national, provincial and district levels in Central, Copperbelt, Luapula, Northern and North Western Provinces to:

- Prevent HIV infection in women of childbearing age through risk reduction counseling of ANC and Maternal and Child Health (MCH) clients and their partners and promote PMTCT services at the community and facility levels.
- Prevent unintended pregnancies among HIV-infected women through referrals to family planning (FP) services.
- Prevent peri-natal HIV infection through universal counseling and testing, short-course ARV prophylaxis for mothers and infants, good obstetric practices and safe infant feeding counseling and support.
- Ensure follow-up care and support for mother-infant pairs and their families through provision of and referrals to comprehensive HIV/AIDS care, treatment and support services.

## ZPCT's Technical Strategy

ZPCT is working closely with the Government of Zambia (GRZ) to scale-up PMTCT activities as part of a comprehensive HIV prevention, care and support program. The PMTCT component is being integrated and closely coordinated with MCH and FP services, and linked to other HIV prevention, care, treatment and support efforts in the facilities and community. The minimum PMTCT package is being offered, strengthened, and monitored at all ZPCT-supported PMTCT sites. ZPCT's technical approach includes:

- Integration of counseling and testing (CT) for women and their partners in ANC settings using the 'opt out' approach which is in the national PMTCT guidelines.
- Antiretroviral chemoprophylaxis and full ART for those who qualify.
- Strengthening linkages between PMTCT services and FP as part of the continuum of care.
- Providing comprehensive care and support to mothers, children and their families (PMTCT-Plus). ZPCT will facilitate CD4 count for all pregnant women and refer those who are eligible for ART.
- Strengthening of PMTCT services and follow-up care and support through: post-natal counseling; infant feeding counseling; community follow-up and support; mother-infant tracking through the under-five clinics at MCH to facilitate co-trimoxazole prophylaxis for all HIV-exposed babies from six weeks, infant HIV testing at the appropriate age and linkage to care.
- Development of a mobilization and sensitization plan to initiate or strengthen male partner involvement to maximize utilization of all aspects of PMTCT services (from HIV testing, infant feeding choices to pediatric HIV testing, care and treatment). This will be achieved through:
  - Scaling up existing outreach programs to support male involvement in ANC through traditional, church and other opinion leaders in rural areas
  - Promoting couple counseling
  - Piloting model approaches to improve male involvement in ANC in urban settings.

## Key Activities

In each of the facilities that ZPCT supports, the following are the activities:

- Infrastructure: refurbishment of identified PMTCT rooms within the facilities, as needed.

- Capacity building: training of health care workers (doctors, midwives, nurses, clinical officers, and laboratory and pharmacy staff) in PMTCT, and mentoring trained staff by provincial ZPCT CT and PMTCT staff as they provide services. This also includes training of non-health workers as PMTCT motivators.
- Laboratory and pharmacy support: training of facility and DHMT staff in forecasting and procurement of HIV test kits, supplies and NVP to ensure an uninterrupted supply.
- Quality Assurance systems: developing and adapting QA tools for CT and supporting the initiation of QA systems in the facilities.
- Job aids: developing and/or adapting job aids for use by HCWs.
- Monitoring and evaluation: ensure correct entry of data by the counselors to ensure that the program is running effectively and reaching its intended goals.
- Supportive supervision to the supported sites.
- Strengthening referral systems for both clients as well as laboratory samples.

At community level, ZPCT will focus on creating demand in the ZPCT-supported health facility catchment areas by:

- Increasing awareness and mobilizing the community for increased access to and use of PMTCT services.
- Establishing strong, workable referral networks to and from facilities/community in collaboration with DHMTs.
- Developing a referral model that provides care and support by linking HIV-infected women receiving PMTCT services and their families to ART services.
- Mobilizing for male involvement in PMTCT activities.

#### List of Indicators and Targets

Indicator	Targets (1 April 2006 to 30 September 2007)	Achievements (1 April 2006 to 30 June 2006)	Achieved to Date (1 May 2005 to 30 June 2006)
Number of service outlets providing PMTCT	N/A	79	79
Health care providers trained in PMTCT	200	0	248
Pregnant women provided with PMTCT services	30,033	12,796	39,585
Pregnant women provided with Nevirapine	6,757	1,061	2,924

#### Challenges

- **Human resource constraints**: ZPCT has initiated limited support for health care workers who work additional shifts beyond their regular hours.
- **Inadequate space for counseling** in the ANC, labor and delivery and postnatal wards
- **Lack of awareness** of the availability of comprehensive HIV/AIDS care packages – PMTCT motivators have been trained in some of the communities to mobilize around PMTCT. Other identified community groups, such as neighborhood health committees and faith-based organizations, will also be involved.
- **Male involvement**: There is very limited male involvement in ANC and postnatal care while men are normally the decision makers even on matters of health for a pregnant woman. It is therefore critical that they are involved. PMTCT motivators will assist with this activity.
- **Stigma & discrimination**: ZPCT conducts health care worker sensitization on stigma reduction.
- **Shortages of test kits and supplies** hinder the smooth running of services. ZPCT is procuring emergency test kits to fill current gaps while working with JSI/Deliver and the MOH for ongoing procurement.

For additional information in this technical area, please contact:  
**Zambia Prevention, Care and Treatment Partnership (ZPCT)**  
 Plot 2055 Nasser Road, P O Box 320303, Lusaka, Zambia  
 Email: [info@zpct.org](mailto:info@zpct.org) Phone: 01-257 331/7 Fax: 01-257 329

## Technical Overview

Zambia is one of 15 focus countries that benefit from the President's Emergency Plan for AIDS Relief. Zambia has a population of 10.9 million with approximately one million Zambians who are HIV positive. An estimated two hundred thousand people may require treatment. By the end of 2005, only 51,000 were receiving ART. ZPCT is working with the Government of Zambia (GRZ) to scale up counseling and testing (CT), prevention of mother-to-child transmission (PMTCT), clinical care and antiretroviral therapy (ART) in Central, Copperbelt, Luapula, Northern and North Western provinces. ZPCT is currently working at national, provincial and district level with the MOH in 24 of the 42 districts. ZPCT provides support to 36 ART sites and 82 clinical care sites.

## Technical Strategy

The ZPCT Partnership is supporting the Ministry of Health (MOH) in their plans to scale up provision of quality comprehensive clinical care services for people living with HIV/AIDS (PLHA) through rapid capacity building of health care workers (HCWs), ensuring provision of treatment for opportunistic infections (OIs) and ART, assisting with quantification and forecasting of ARV drugs at the provincial and district level, providing needed test kits and laboratory equipment, and renovating facilities to provide comprehensive ART services. ZPCT support includes:

- Strengthening development or adaptation of policies, guidelines and standard operating procedures (SOPs) in line with requirements of the MOH.
- Facilitating training to build capacity of staff in ART, including post-exposure prophylaxis (PEP), effective management of OIs in line with national guidelines, and adherence counseling.
- Providing ART information system training in collaboration with the monitoring and evaluation (M&E) staff immediately following ART training.
- Ensuring initiation or strengthening of ART centers in the 5 targeted provinces.
- Strengthening pediatric HIV services, particularly improvement of infant diagnosis through DNA PCR, sample referral using dried blood spots using filter paper, as well as routine CT for children in care.
- Establishing strong linkages between clinical care and CT/PMTCT/TB/STI/Youth-friendly services.
- Establishing systems to manage laboratory sample transfers from remote areas and health centers to facilities that have CD4 count machines.
- Facilitating outreach programs for ART trained medical doctors to health centers to manage ART clinics.
- Providing supportive supervision for the trained staff to ensure delivery of quality health services.

## Key Activities

### **Technical Assistance and Support**

Technical assistance and mentoring will continue in 36 ZPCT-supported ART centers (25 static ART centers and 11 ART outreach sites in ZPCT-supported clinics). There will be an increased focus on outreach and on improving and expanding pediatric ART services. Technical assistance and support will include:

- Assisting with adaptation of SOPs for ART, adherence counseling and PEP and, following approval by MOH, orienting and supporting staff and management in ZPCT-supported facilities in their use.
- Finalizing quality assurance/quality improvement (QA/QI) tools and, in collaboration with Provincial Health Offices (PHOs), District Health Management Teams (DHMTs), and facility partners, implementing the QA/QI system for ART services.
- Establishing a comprehensive care center for the family (parents and children) at Arthur Davison Children's Hospital; improving infrastructure, with consideration to provide diagnostic and monitoring equipment (including a PCR machine) and staff capacity through training in Pediatric OI/ART management to enhance early HIV diagnosis and effective management.
- Providing technical assistance and mentoring in pediatric AIDS treatment to ART centers and outreach sites, with attention to dosing issues, working with families, and disclosure issues.
- Ensuring children exposed to HIV infection are provided with needed clinical care and co-trimoxazole prophylaxis, and those eligible for ART are provided with appropriate treatment by ensuring availability of pediatric formulations.



- Strengthening linkage of pediatric HIV programs to PMTCT, by strengthening intra- and inter-facility referral of perinatally exposed children for DNA PCR and CT in all ZPCT-supported facilities.
- Strengthening ART outreach in 11 sites, and, establishing at least six new ART outreach centers.
- Training HCWs in ART/OI management, early diagnosis and effective management of pediatric HIV/AIDS in all ART sites, adherence counseling for HCWs and training community members as adherence support workers.
- Integrating and strengthening the TB/HIV links through opt-out provider-initiated HIV testing and ensuring effective management of co-infections through early and appropriate referral to ART.

### **List of Indicators and Targets**

Indicator	Target (April 1 2006 to March 31, 2007)	Achievements (April 1 2006 to June 30 2006)	Achieved to Date (May 1, 2005 – June 30, 2006)
Health care providers trained in ART/OI	100	25	408
Adherence Support Workers Trained	145	102	122
Number of service outlets strengthened/expanded to provide clinical palliative care services	N/A	82	82
Number of service outlets initiating ART services	N/A	36	36
Number of clients provided with Clinical Care services including management of OIs and/or prophylaxis	N/A	26,515	26,515
New HIV+ clients on ART	13,686	4,718	15,534
Persons receiving ART	25,152	21,082	21,082
New pediatric clients on ART	395	294	1,019
Pediatric patients receiving treatment	1,019	1,344	1,344
TB infected clients receiving CT services	3,333	791	791
HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (New Cases)	1,641	284	284

### **Challenges**

- Inadequate equipment and erratic supply of reagents for HIV testing and monitoring of clients on ART remains a challenge in the provision of ART services. Besides the procurement of Facscount machines, other lab equipment and reagents, ZPCT has established a sample referral system which has helped alleviate the problem of the inadequate equipment.
- Erratic supply of Drugs for OI management: ZPCT continues to provide training in commodity management for ART, and technical support to pharmacies in the ZPCT sites. ZPCT is also working with other partners, primarily JSI/Deliver and the Supply Chain Management Project, on these issues.
- Limited human resources, particularly medical officers, hinders the roll out of ART services. ZPCT continues to support the establishment of ART outreach sites, providing transport reimbursements for extra shifts for the HCWs, though some clinicians feel the rate ZPCT is able to pay is low.
- Pediatric ART Challenges: Very few children are on ART due to the lack of knowledge and confidence in the management of pediatric cases. ZPCT has rolled out Pediatric ART/OI training for all ART sites. The ZPCT pharmacy team ensures that pediatric formulations are ordered from the medical stores. Parents are being sensitized and encouraged to allow their children to be tested. ZPCT will also strengthen the follow up of babies born to HIV positive mothers.
- Limitations of facility-based palliative care: Although palliative care is an important part of the continuum of care, the facility's role is rather limited. ZPCT recognizes this and, while strengthening services within the clinics, linkages with other organizations and partners engaged in palliative care and quality of life are being forged. Provincial offices are linking with other institutions and organizations in the districts involved in HIV/AIDS programming, including home-based care, palliative care, as an important step in providing a full continuum of care for PLHAs within the district.

**For additional information in this technical area, please contact:**  
**Zambia Prevention, Care and Treatment Partnership (ZPCT)**  
**Plot 2055 Nasser Road, P O Box 320303, Lusaka, Zambia**  
**Email: info@zpct.org Phone: 01-257 331/7 Fax: 01-257 329**



**July 2006**

## **Technical Overview**

The mandate of ZPCT is to assist the Government of Zambia to increase access and utilization of HIV/AIDS prevention, care and treatment services in the Central, Copperbelt, Luapula, Northern and North Western provinces. Critical to this endeavor is the availability and management of needed commodities to support pharmaceutical services and the qualified staff to deliver these services. The bottom line indicator of pharmaceutical commodity management is that high-quality commodities are continuously available and appropriately used, achieving the desired therapeutic outcomes in the patients.

## **Technical Strategy**

Pharmacy support activities are a part of a comprehensive HIV prevention, care and support program. The component is integrated and closely coordinated with counseling and testing (CT), prevention of mother-to-child transmission (PMTCT), antiretroviral therapy (ART) and clinical care services, and linked to other HIV support efforts in the facilities and community. ART pharmacy services will be strengthened and monitored at all ZPCT-supported ART, PMTCT and CT sites. ZPCT's technical approach includes:

- Train staff at the facility level to effectively forecast, quantify, order, procure, and store antiretroviral drugs (ARVs), opportunistic infection (OI) drugs, and other drugs and supplies (training and management support) in order to eliminate stock outs.
- Improve storage (identify space, refurbish/renovate rooms) and enhance storage conditions for pharmacy stores at health centers.
- Provide pharmacies with essential equipment to support pharmaceutical management.
- Strengthen the inventory management systems, logistics, commodities and security for ARVs, OIs, and drugs for palliative care as well as strengthening logistics, delivery procedures, and distribution subsystems at the facility level.
- Assist the GRZ in the formulation and implementation of Standard Operating Procedures (SOPs) for inventory management systems, supervision & technical assistance, record keeping, good dispensing practices.

## **Key Activities**

Training of pharmacy staff:

- In the use of the automated Zambia Pharmacy ART program (ARTServ Dispensing Tool),
- Product selection and quantification (procurement)
- Commodity management, including forecasting, timely ordering of needed stock, maintaining minimum/maximum stock levels and rotating stock
- Dispensing practices, medication use counseling, adherence counseling, Adverse Drug Reactions (ADR) reporting, rational and irrational drug use
- SOPs and site specific adaptation of the same

Providing supervisory support and technical assistance to pharmacies to:

- Ensure appropriate use of the ARTServ Dispensing Tool to monitor and improve patient care,
- Improve/strengthen logistics and delivery procedures/distribution subsystems for ARVs, drugs for OIs and palliative care and other drugs,
- Strengthen rational drug use and reporting system for drugs, including for ARVs,
- Strengthen ADR reporting, ADR monitoring, and feedback systems including for ARVs,
- Ensure timely distribution of ARVs, OIs and medical/surgical supplies to relevant health centers to avoid stock outs, and
- Increase pharmacy staff expertise and improve delivery of medication use counseling and patient follow up particularly on ADRs and therapy adherence.

Introduce automated systems to selected health centers to enhance the process of accurate inventory management of commodities.

For pharmaceutical services, ZPCT collaborates with and works within the GRZ national systems and programs. In addition, ZPCT works closely with other cooperating partners on key issues at all levels. The Partnership collaborates with JSI/Deliver on quantification and forecasting issues, including providing information about the status of service provision and stocks at ZPCT-supported sites and facilities. In addition, ZPCT maintains liaison with Medical Stores Limited (MSL) on issues of stock levels of commodities, and coordinating the timely placement of orders from the facilities with MSL to fall in with their delivery schedules.

### **Challenges**

- **Human resources:** There is a critical shortage of pharmacy staff in most facilities. ZPCT is working with the MOH to set up a mechanism to assist staff working extra shifts.
- **Policy:** Due to staff shortages other HCWs are dispensing drugs to patients. When it comes to ART, this is a very critical area and needs to be handled by suitably qualified personnel.
- **Infrastructure:** ZPCT recognizes the need to have an optimal work environment and storage conditions and is assisting the GRZ to refurbish pharmacies.
- **ARVs, OI drugs & drugs for palliative care supply:** There is a vital need for an uninterrupted supply of these commodities and ZPCT is working closely with GRZ and JSI/Deliver to ensure that ZPCT sites are catered for in the national quota.
- **Distribution:** Distribution at provincial and district level is vital for an uninterrupted supply of commodities. ZPCT is assisting at these levels and coordinating with MSL at national level to coordinate distribution of supplies to support sites.
- **Quality of services:** There is need to ensure continuous quality of pharmaceutical service delivery. ZPCT is implementing SOPs, conducting ongoing training, and providing supportive supervision and mentorship to staff.

For additional information in this technical area, please contact:  
**Zambia Prevention, Care and Treatment Partnership (ZPCT)**  
Plot 2055 Nasser Road, P O Box 320303, Lusaka, Zambia  
Email: [info@zpct.org](mailto:info@zpct.org) Phone: 01-257 331/7 Fax: 01-257 329

**July 2006**

## **Technical Overview**

The mandate of ZPCT is to assist the Government of Zambia to increase access and utilization of HIV/AIDS prevention, care and treatment services in the Central, Copperbelt, Luapula, Northern and North Western provinces. Critical to this endeavor is the availability and management of needed commodities and equipment to provide high quality laboratory services. ZPCT recognizes the importance of maintaining high-quality laboratory services while scaling up HIV/AIDS services. The laboratory network plays a pivotal role in establishing diagnoses of HIV and opportunistic infections, monitoring treatment and disease progression and surveillance.

## **Technical Strategy**

Laboratory support activities are part of a comprehensive HIV prevention, care and support program. The component is integrated and closely coordinated with CT, PMTCT, ART and clinical care services (including TB/HIV), and linked to other HIV support efforts in the facilities and community. Laboratory services will be strengthened and monitored at all ZPCT-supported ART, PMTCT and CT sites. ZPCT's technical approach includes:

- Training staff at the facility level to effectively forecast, quantify, order, procure, and store laboratory supplies in order to eliminate stock outs/overstocking of reagents.
- Improving storage (identify space, refurbish/renovate rooms) and enhance storage conditions in laboratories at health centers.
- Providing essential standard equipment to enable laboratories to carry out diagnosis as needed, including equipment to fill the gaps identified at ART sites.
- Setting up testing corners in PMTCT, CT, and TB areas manned by counselors to promote same day testing with results. These are supervised by the laboratory staff to ensure quality of testing.
- Ensuring that complementary quality laboratory services are provided at all facilities by using and strengthening sample referral systems.
- Strengthening the inventory management systems, logistics, commodities and security for laboratory supplies as well as strengthening logistics, delivery procedures, and distribution subsystems at the facility level.
- Assisting the GRZ in the formulation, reviewing and implementation of Standard Operating Procedures (SOPs).
- Strengthening internal quality control (QC) and external quality assurance (QA) in order to promote quality results and confidence in laboratory services.

## **Key Activities**

Training of laboratory staff in:

- Product selection and quantification (procurement)
- Commodity management, including forecasting, timely ordering of needed stock, maintaining minimum/maximum stock levels and rotating stock
- Virology and immunology of HIV, HIV diagnosis, monitoring and follow up
- Routine preventive maintenance of equipment

- Specimen collection, handling and processing
- Laboratory safety and ethics
- SOPs and QA (internal and external)
- The use of Logistics Management Information Systems

Provide supervisory support and technical assistance to laboratories to:

- Improve/strengthen logistics and delivery procedures/distribution subsystems for diagnostics
- Strengthen rational use and reporting system for laboratory supplies/reagents
- Ensure timely performance of tests and release of results
- Ensure timely distribution of laboratory supplies/reagents to relevant health centers to avoid stock outs
- Improve/strengthen the use of batch quality control
- Introduce automated systems to selected facilities to enhance the process of accurate inventory management of commodities.

ZPCT laboratory services collaborates and works within the GRZ national policies. In addition, ZPCT works closely with other cooperating partners on key issues at all levels. ZPCT collaborates with JSI/Deliver on quantification and forecasting issues, including providing information about the status of service provision and stocks at ZPCT-supported facilities. In addition, ZPCT coordinates key laboratory support efforts with CDC. This includes providing input and collaborating on laboratory information system, training materials, and the national laboratory quality assurance system being established by CDC with the GRZ. ZPCT also maintains liaison with Medical Stores Limited (MSL) on issues of stock levels of commodities, and coordinating the timely placement of orders by the facilities in line with MSL delivery schedules.

### **Challenges**

- **Human resources:** There is a critical shortage of laboratory staff in most facilities. ZPCT is working with the MOH to set up a mechanism to assist staff working extra shifts.
- **Policy:** Due to staff shortages other HCWs can be testing for HIV. ZPCT will assist with reviewing algorithms and testing guidelines and training packages in accordance with GRZ standards.
- **Infrastructure:** ZPCT recognizes the need to have an optimal work environment and is assisting the GRZ to refurbish laboratories.
- **HIV test kit / Reagent supply:** There is a vital need for an uninterrupted supply of HIV test kits and other reagents. ZPCT is assisting with stop gap procurements of these commodities.
- **Distribution:** Distribution at provincial and district level is vital for an uninterrupted supply of commodities. ZPCT is assisting at these levels and coordinating with MSL at national level to coordinate distribution of supplies to ZPCT support sites.
- **Diagnostic Equipment and Quality Assurance:** ZPCT is working closely with GRZ and CDC to ensure ZPCT sites are maintained at the highest quality of service provision. This includes ensuring equipment calibration and routine preventive maintenance.

For additional information in this technical area, please contact:  
**Zambia Prevention, Care and Treatment Partnership (ZPCT)**  
 Plot 2055 Nasser Road, P O Box 320303, Lusaka, Zambia  
 Email: [info@zpct.org](mailto:info@zpct.org) Phone: 01-257 331/7 Fax: 01-257 329

**Technical Overview**

With the HIV prevalence currently estimated at 16% among the 15- 49 year old age group and almost 200,000 eligible for antiretroviral therapy (ART), the Government of Zambia (GRZ) is grappling with the challenge of training health care workers to provide effective, quality services as the ART program is expanded. Training and retention of adequate human resources is central to the successful scale up of HIV/AIDS prevention, care and treatment programs, to meet the national goal of reducing prevalence rates and expanding provision of ART to the high rate of people currently infected with HIV. However, critical shortages of health staff, partly due to the high rate of qualified health staff migration to other countries, continue to be a challenge for the GRZ.

**Technical Strategy**

ZPCT is assisting the GRZ to train health care workers (HCWs) in counselling and testing (CT), prevention of mother-to-child transmission (PMTCT), clinical care, pharmacy and laboratory services to facilitate scale up of the ART, CT and PMTCT programs in Central, Copperbelt, Luapula, Northern and North Western provinces. National training packages and national trainers are being used where available and ZPCT is working with the Ministry of Health (MOH) to develop and adapt national training packages for technical areas where none are available.

- ZPCT works closely with the MOH at the national level to build the corps of national trainers in ART, OIs, CT and PMTCT. Program training activities are planned and implemented in partnership with the MOH and the Provincial Health Offices (PHO).
- ZPCT is working with the PHOs and the district health management teams (DHMT) to ensure that training supported by ZPCT is integrated into the relevant action and training plans.
- Capacity building efforts include monitoring and supervision. ZPCT will work with the MOH, Health Services and Systems Program (HSSP), and other relevant partners to expand and improve tools used in the provinces, districts, and health centers to guide supervision and monitoring of service provision.
- ZPCT will work with DHMTs and PHOs to provide consistent and timely follow up of issues noted during supervisory and performance assessment visits. Assistance will be provided through visits, during routine monthly and quarterly meetings, and other continuing education opportunities.

## Key Accomplishments

Activities	Achievements to Date (1 May 2005 to 30 June 2006)
Provincial level trainings in various technical areas	<p>The following numbers of HCWs were trained in each technical area:</p> <ul style="list-style-type: none"><li>➤ CT: 226</li><li>➤ Counselling supervision: 114</li><li>➤ Couple counselling: 12</li><li>➤ Lay counsellors: 130</li><li>➤ ART/OI: 408</li><li>➤ ART/Pediatric: 59</li><li>➤ ASW: 122</li><li>➤ PMTCT: 248</li><li>➤ Monitoring &amp; Evaluation: 922</li><li>➤ Laboratory and Pharmacy: 180</li></ul>

## Challenges

- **Critical shortage of staff in health facilities:** There is a shortage of staff at health facilities and existing staff are stretched to provide services. While trainings are essential, on-going services are disrupted when health care workers are away from health facilities for trainings. Innovative training approaches such as on-site training and continuing education seminars are being implemented where possible.
- **Cost of Training:** Training requires development of national training packages, guidelines, training of trainers and provision of logistics to facilitate training. ZPCT is exploring training ZPCT staff and MOH provincial staff as national trainers, using government training institutions and holding on-site trainings to reduce costs while maintaining a high level of quality.
- **Retention of trained staff:** Once trained it is important that the health care workers remain at the facility where possible or at least stay within the MOH system.
- **Lack of national training packages in some technical areas:** ZPCT is working with the MOH and other partners to develop training materials in areas such as CT and Adherence counselling.

For additional information in this technical area, please contact:  
**Zambia Prevention, Care and Treatment Partnership (ZPCT)**  
Plot 2055 Nasser Road, P O Box 320303, Lusaka, Zambia  
Email: [info@zpct.org](mailto:info@zpct.org) Phone: 01-257 331/7 Fax: 01-257 329



## **Technical Overview**

Community awareness of the HIV/AIDS services being offered in health facilities and perception of the benefits of these services is fundamental to increased uptake. The Zambia Sexual Behavior Survey (2005) indicated that less than 30% of communities in Zambia are aware of HIV counseling and testing sites. The goal of community mobilization within ZPCT is to increase uptake of HIV/AIDS services, particularly counseling and testing (CT) and prevention of mother-to-child transmission (PMTCT) in Central, Copperbelt, Luapula, Northern and North Western provinces by increasing awareness of availability and benefits of these services in the community.

## **Technical Strategy**

ZPCT's approach to community mobilization is partnering with community based organizations and structures operating within the health facilities' catchment areas and strengthening their mobilization activities.

- **Working with Community-Based Structures**

ZPCT is working with community-based organizations and structures within the catchment areas of ZPCT supported facilities to increase awareness of and access to HIV/AIDS services. The Expanded Church Response on HIV/AIDS (ECR), a faith-based organization, is ZPCT's main partner for community mobilization. Through ECR, ZPCT will mobilize church communities in selected districts to access HIV/AIDS services in ZPCT supported sites. This is achieved by mobilizing church leaders, training community motivators and organizing testing days. ZPCT will also engage a variety of community level partners around targeted sites to mobilize the community specifically for CT and PMTCT services. This will be done by providing limited financial support for structured mobilization and referral activities.

- **Lay Counselors**

In order to address the shortage of health care workers in health facilities that it supports, ZPCT has trained community volunteers in counseling and testing. This has freed up the time of overburdened health care workers. The lay counselors will offer pre- and post- test counseling at the health facility as well as provide information and referral in the community. Following changes on the national guidelines for HIV CT, ZPCT will provide on site training in HIV testing for lay counselors.

- **Adherence Support Workers (ASWs)**

ZPCT has trained community volunteers to support people living with HIV/AIDS (PLHA) in adherence related issues including pre-treatment counseling, the basics of CT, ethics and professional behavior, the roles and responsibilities of ASWs and referral. The ASWs provide services at the health facilities and also follow-up clients in the community.

- **Reducing Stigma and Discrimination levels**

Stigma and discrimination among health care workers (HCWs) contribute to reduced uptake of CT and PMTCT. Low staff morale and poor working conditions, coupled with staff shortages and erratic drug supplies contribute to HCWs feeling frustrated, exhausted and powerless to help patients. In addition, HCWs' behavior towards PLHA and perceptions of HIV/AIDS may alienate patients. If exhibited, stigmatizing behavior may lead to patients feeling neglected, ignored, insulted or mishandled and care and treatment are compromised. ZPCT is training HCWs in stigma issues, the rights of PLHA and actions that address stigma.

- **Mobile CT services**

In addition to strengthening services at the health facility, ZPCT will employ mobile strategies to take CT services to communities in remote areas. Mobile activities will be strategically implemented in districts where distance is an issue in accessing services.

### **Key Activities**

- **Support to targeted community mobilization activities**

ZPCT is providing direct support to community based organizations through community purchase orders - a funding mechanism designed by ZPCT to fund discrete, results focused and defined community mobilization activities such as door to door campaigns, focus group discussions, motivational talks and drama performances. Community level partners are being oriented in CT, PMTCT and referral networks as a means of ensuring effective mobilization and referrals. For example, ECR, a ZPCT associate partner, has trained church leaders in mobilization and motivating community members to access HIV/AIDS services and is establishing church coordinating committees around sites in Chingola, Kabwe and Mkushi districts. Through the church structures, community members are referred to health facilities for HIV/AIDS services. The mobilization activities being implemented by ECR are linked to the district wide referral network.

- **Accurate messages during mobilization**

A community job aide has been developed to serve as a tool for community mobilization. The job aide is a card which has key messages explaining what CT and PMTCT are and the benefits of knowing one's status. The card has provision for the community volunteer using the card to input where and when services are offered within their catchment area.

- **Training and placement of lay counselors**

130 lay counselors have been trained in the five provinces. In conjunction with the local DHMT, the lay counselors have been placed in the health facilities and provide CT services as well as ongoing supportive counseling.

- **Adherence Support Workers**

122 ASWs have been trained by ZPCT and are providing adherence counseling both in the health facilities and in the community. ZPCT has provided bicycles to the ASWs to facilitate follow up of clients.

### **Challenges**

- **Monitoring of community mobilization activities:** Most community based organizations have little or no experience in data collection and documenting of referrals. This makes it challenging to establish how many clients referred from mobilization activities actually reach the health facility and access services. ZPCT provincial staff will work closely with community level partners and health care workers to ensure community mobilization activities and referrals are well documented.
- **Use of existing community structures:** In some districts, community level partners have limited capacity and experience in structured, documented mobilization for HIV/AIDS services and community volunteers often have competing priorities, such as income generating activities. ZPCT, in collaboration with the DHMT and other district level partners, will strengthen existing mobilization activities.
- **Increased access to counseling and testing:** Access to CT has been challenged by the fact that health care workers (HCW) are overstretched and do not have the time to provide CT services. Even where lay counselors have been placed, the HCW is required to conduct the HIV test. With the guidance given by the current national CT guidelines, ZPCT will explore the possibilities of training lay counselors in HIV testing.

**For additional information in this technical area, please contact:**  
**Zambia Prevention, Care and Treatment Partnership (ZPCT)**  
**Plot 2055 Nasser Road, P O Box 320303, Lusaka, Zambia**  
**Email: [info@zpct.org](mailto:info@zpct.org) Phone: 01-257 331/7 Fax: 01-257 329**

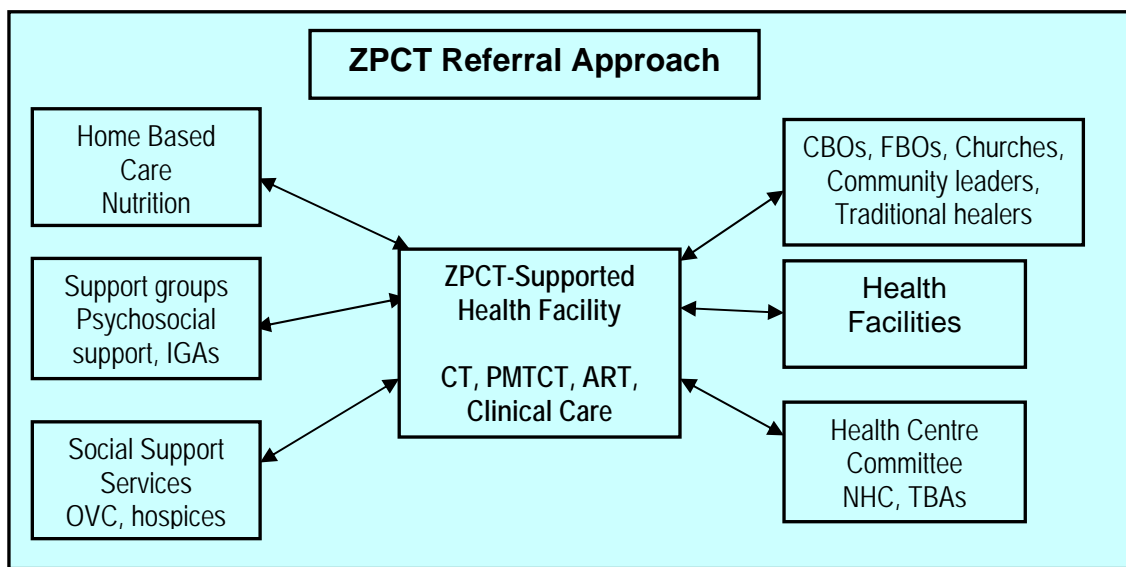


## Technical Overview

People living with HIV/AIDS (PLHA) have a broad spectrum of needs including medical care, psychosocial support, nutrition, financial, material and spiritual support which is not possible for one organization to meet. This makes it important for service providers to coordinate service provision to increase the quality of life for PLHA. In order to provide a continuum of care to PLHA and address all of these different needs, ZPCT is working with the Provincial Health Offices (PHOs) and District Health Management Teams (DHMTs) in Central, Copperbelt, Luapula, Northern and North Western provinces to establish or strengthen district-wide referral networks in ZPCT supported districts. The goal of these referral networks is to increase access to comprehensive HIV care and support services and to facilitate the systematic and formal linking of HIV/AIDS related services to ensure that clients receive these services.

## Technical Strategy

ZPCT's strategy is to establish a district referral network that is comprised of all district level organizations providing HIV/AIDS-related services. The network is managed at the district level to allow for coordination among service providers and community. ZPCT's contribution to the network is focused on the referral activities around the health facilities it supports. ZPCT provides orientation to community level partners on the use of standard referral tools which are used to refer community members to ZPCT supported sites for HIV/AIDS services. Health care workers are also oriented in the use of the tools to allow records of referrals received to be kept at the facility as well for referring clients to ongoing support services in the community. ZPCT provides some funds to the DHMT for referral activities around its sites.



## Key Activities

- **Initial Meeting of Service Providers:** Initially, ZPCT calls a meeting of all service providers to introduce the concept of the network, obtain buy in and facilitate the selection of a referral coordinating unit.

- **Identification of a Referral Coordinating Unit:** The referral coordinating unit, selected through a participatory process by network members, is responsible for convening meetings of network members, coordinating referral network activities, resource mobilization and providing technical assistance to new members. The referral coordinating unit takes the lead on the development of standard referral tools to be used by network members.
- **Development of Referral Tools:** The referral network in each province has gathered information on existing referral forms and facilitated the development of a standardized form.
  - **Referral Form:** The referral form is a tool that is used to introduce the client being referred to the receiving organization and identifies the services required as well as the referring organization. The second half of the form is completed by the receiving organization with information on what services were provided to the client and what his/her ongoing needs are. This section of the form is returned to the referring organization with permission of the client.
  - **Referral Register:** The referral register is a tool used to document of all referrals made and received. The registers are filled in by referral focal persons in member organizations.
  - **Directory of Services:** The directory of services is an inventory of all organizations providing HIV related services for PLHA and their families within the district. This allows for the referring organization to identify other organizations that would best fulfill the clients' needs.
  - **Referral Operations Manual:** The referral operations manual is a document developed by all network members to guide the network's functioning. The manual defines the principles and processes for the referral network. Appended to the manual are the referral tools.
- **Monitoring of Referral:** The referral coordinating agency is responsible for the administration of client exit surveys to ensure that network members are conducting referrals in a professional manner that is satisfactory to the client.

As part of its contribution to the network, ZPCT supports referral focal point persons in ZPCT sites and community level partners to document referrals. ZPCT officers ensure that forms are being filled out correctly and that data on referrals is collected and aggregated.

- **Quarterly Referral Meetings:** After the network is established, functional meetings are held by members on a quarterly basis. The goals of these meetings are to exchange experiences around the referral process, address challenges and update the directory of services.

## **Challenges**

- **Transport:** Clients referred to services often have difficulty reaching the service due to illness and transport challenges which include logistics and funds. ZPCT is supporting ART outreach services, bringing ART services to health centers to increase access for more clients. In addition, ZPCT will expand its ART outreach program to several home-based care programs in Copperbelt Province, as well as offer mobile CT services, in order to bring services to the client.
- **Coordination:** The referral coordinating agencies often implement other activities and find it difficult to prioritize the implementation of their coordinating function. ZPCT will support the referral agency by ongoing technical support for referral activities around the health facilities it supports.

**For additional information in this technical area, please contact:**  
**Zambia Prevention, Care and Treatment Partnership (ZPCT)**  
 Plot 2055 Nasser Road, P O Box 320303, Lusaka, Zambia  
 Email: [info@zpct.org](mailto:info@zpct.org) Phone: 01-257 331/7 Fax: 01-257 329

July 2006

### Technical Overview

ZPCT is working with the Ministry of Health (MOH) to strengthen the Health Management Information System (HMIS) to ensure that it satisfies the data needs of all stakeholders in the HIV/AIDS service provision programs. Specifically, the ZPCT Partnership will support implementation of a rigorous monitoring and evaluation (M&E) effort that facilitates real-time evidence-based decision-making to guide rapid scale-up, as well as respond to the information needs of Zambia's MOH, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), USAID/Zambia and National AIDS Committee (NAC). ZPCT is working with all partners to harmonize the information systems of different HIV/AIDS data systems to avoid duplication of efforts in support of the "three ones" principle of one M & E system in the country.

### Technical Strategy

The M&E system designed for ZPCT focuses on activities undertaken and results achieved at the facility, district and provincial levels in the 5 target provinces of Central, Copperbelt, Luapula, Northern and North Western and provide a basis for:

- Monitoring performance in achieving rapid scale-up of quality HIV-related services;
- Ensuring that best practices for ART/clinical care, Counselling and Testing (CT) and prevention of mother-to-child transmission (PMTCT) service provision are documented and shared with other stakeholders in these thematic areas;
- Ensuring that best practices for ART are developed through evidence-based approaches and implemented properly by monitoring adherence, immunologic and clinical response, and applying results from program activities;
- Measuring the contribution of program efforts to the achievement of the MOH, PEPFAR, USAID/Zambia and the NAC objectives; and
- Strengthening M&E capacity at the national, provincial and district levels.

ZPCT M&E activities will:

- **Ensure adequate conceptualization & implementation of a harmonized M&E system** by ensuring that the ZPCT M&E system is consistent with national M&E plans and requirements, that all the M&E indicators, data sources, baselines, targets, data collection activities and timeframes for data reporting are consistent between partners without creating a duplication of activities at all levels.
- **Ensure adequate utilization of the results from M&E activities to improve the implementation of project activities.** The ZPCT M&E unit will document and disseminate to relevant partners ZPCT's progress towards targets during project implementation and ensure that M&E results are presented in ways/formats that can facilitate critical programmatic decision-making at the facility, district, provincial and national levels.
- **Ensure sustainability of the M&E efforts.** The ZPCT M&E unit will provide technical assistance on M&E to partners, sub-grantees and relevant national, provincial, and district level staff to strengthen their M&E activities. The unit conducts workshops, refresher in-service training, on-the-job training, and mentoring to strengthen local capacities on M&E to ensure sustainability of all these activities even beyond the project's lifespan.

## **Key Activities**

- A total of 34 data entry clerks have been recruited and placed at ZPCT ART sites.
- Training all health care and health information office staff in the 36 ART support facilities in the GRZ's ART Information System (ARTIS).
- Training all health care and health information office staff in the 82 ZPCT supported facilities in GRZ's CT/PMTCT Information System.
- Provide on-site technical assistance and mentoring of the health information staff at all levels (for district, hospital and provincial staff) in MOH and ZPCT.
- Supply of essential equipment (such as computers) for data storage and reporting in all 36 ART clinics and District Health Offices where needed.
- The development and adoption of a standardized patient tracking system (for all ART clinics) in collaboration with MOH and other partners has reached an advanced stage with the new policy guidelines having been released by the MOH.
- Strengthen all clinical care support services in information management - laboratory, pharmacy and logistics management.
- The unit has conducted data audits for all ZPCT sites for the period from May to Sept 2005 and Oct 2005 to March 2006. The May to Sept 2005 report has since been submitted to USAID by ZPCT while the Oct 2005 to March 2006 report is to be submitted during the current quarter.

## **Challenges**

- **Human Resources:** A critical bottleneck to collecting data for M&E activities has been staff shortages. At facility level, this has now been overcome with the introduction of data entry clerks for the ART clinics who have made the compilation of data much easier, ensuring that ZPCT supported sites are now able to submit their monthly and quarterly returns to the DHMT and subsequently to ZPCT on time.
- **Training:** All training activities carried out by ZPCT include one or two days reserved for data collection tools and reporting so that all facility staff are aware of the reporting requirements.
- **Patient Information Management System/Patient Tracking System:** In its continued collaboration with GRZ, ZPCT is working with other partners to develop a Patient Tracking System (PTS) for ART program monitoring and reporting. This PTS is planned to be part of the national HMIS. An HMIS system—apart from ensuring accurate data collection—must be able to provide data for patient clinical management and answer operational questions and mainstream lessons learned into national ART programming. The current HMIS for ART (ARTIS) is being reviewed at the national level since health facility staff report that the system is time consuming and involves substantial duplication. In its current form, it would become almost unmanageable as patient load increases.
- **Infrastructure/Equipment:** ZPCT will ensure that all facilities providing ART have a computer to host the PTS database. Necessary support and accessories for the computer will also be provided to ensure continuous data entry and reporting. Almost all ART facilities have these computers in place and only await the introduction of the PTS once the process (harmonization) to make it operate in line with minimum GRZ data requirements has been completed by GRZ and all participating partners (CDC, HSSP, CIDRZ, CRS).

**For additional information in this technical area, please contact:**  
**Zambia Prevention, Care and Treatment Partnership (ZPCT)**  
**Plot 2055 Nasser Road, P O Box 320303, Lusaka, Zambia**  
**Email: [info@zpct.org](mailto:info@zpct.org) Phone: 01-257 331/7 Fax: 01-257 329**